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THESIS

MILITARY HEALTH CARE SYSTEM: COMPARING
OBSTETRICS COSTS BETWEEN A MILITARY TREATMENT
FACILITY AND CHAMPUS

by

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Military Health Care System: Comparing Obstetrics Costs Between A Military
Treatment Facility And CHAMPUS

by

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ABSTRACT

For more than three decades, two systems or programs have provided health care for military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTFs), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which beneficiaries receive care from civilian facilities. The high cost to DoD of supplying inexpensive medical care, as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system. Based on the above, the objective of this research is to compare costs between a military treatment facility and CHAMPUS and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. By comparing MTF and CHAMPUS costs, a given MTF can identify those specialty areas in which to reduce costs either by increasing workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside health care providers.

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I. INTRODUCTION

A. BACKGROUND

Champus is the Civilian Health and Medical Program of the Uniformed Services, a Department of Defense program for reimbursing individuals and health care providers for services provided for eligible beneficiaries and retirees. It picks up most of the costs for treatment in civilian medical facilities when military hospitals and clinics are too distant or busy. Basically, the dependents of active-duty members, retirees and their dependents under 65, some former spouses of service members, and certain survivors can use CHAMPUS. So may the families of reserve and National Guard members called to active duty. After paying an annual deductible, beneficiaries of active duty members are responsible for 20% of allowable charges for outpatient care and a small daily fee or \$25.00 whichever is higher for inpatient care. Additionally, beneficiaries of retirees pay 25% for outpatient and inpatient care (after paying an annual deductible). However, some people are not eligible for CHAMPUS, such as active-duty military, parents, parents-in-law, and most persons eligible for Medicare hospitalization insurance.[Ref. 1:pp. 11-14]

For the past decade, the CHAMPUS budget has grown substantially as a result of several factors. First, the

Department of Defense has expanded in size significantly, resulting in a greater number of military personnel whose medical care is the responsibility of the military. Second, there is a rise in total national health care expenditures [Ref. 2:p. I-3,5]. These costs have grown excessively when compared to the acceptable level of inflation, as both personnel costs and technology related with health care services have increased. Also, there is a substantial number of service personnel entering the military with dependents compared to previous years. These additional dependents, especially children, have a tremendous need for medical services. Consequently, this need for health care far exceeds the capacity of overburdened military facilities.

B. OBJECTIVES OF THE RESEARCH

For more than three decades, two systems have provided health care for U.S. military beneficiaries: (1) the direct care system, whereby beneficiaries obtain health care services from military treatment facilities (MTF's), and (2) CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), a health program in which eligible beneficiaries receive care from civilian facilities.[Ref. 9:p. v)

The Department of Defense (DoD) now spends approximately \$5 billion a year on medical services. About \$4 billion of this spending covers most of the military treatment facilities (MTF). The cost to DoD of supplying inexpensive medical care,

as well as concern over timeliness of service, has prompted many suggestions for reforming the military health care system.

For the past 10 years, CHAMPUS costs have increased significantly. In spite of the higher costs, CHAMPUS is not adequate nor fully acceptable because of its coverage limitations, high out-of-pocket costs compared to other forms of insurance, and program complexity.[Ref. 3:p. 1]

Based on the above, the objective of this research is to compare MTF and CHAMPUS costs and to determine whether a given MTF can provide inpatient care to its beneficiaries at lower cost than through CHAMPUS. The analysis provides a method of calculating MTF specialty cost per admission that can be compared to the equivalent specialty cost reported by CHAMPUS.

C. RESEARCH QUESTION

The primary question of the thesis is: Can we use inpatient treatment protocols as a basis or methodology for comparing costs between CHAMPUS and an MTF.

A subsidiary question is:

1. Will it be cost-effective to treat beneficiaries in military treatment facilities?

D. SCOPE

This thesis will concentrate on two localized areas: (1) Fort Ord Army Hospital (an MTF) in California, and (2) a localized area called catchment¹, in the vicinity of the military treatment facility. In order for the beneficiaries to use CHAMPUS, they must first obtain an NAS (non-availability statement) that the MTF cannot provide the required care.

The analysis and comparison of costs will be limited to a particular inpatient specialty or procedure, Obstetrics, which FT Ord can provide.

Within the financial records for the catchment area and Fort Ord Army Hospital, the procedure for analysis will focus on Obstetrics costs which were paid for by using CHAMPUS funds in 1990. This is the most recent year for which complete set and relevant data exists. Consequently, and for consistency, the costs to be used for the Ft Ord-MTF (Obstetrics) will be for 1990.

¹This catchment area include all beneficiaries residing near Fort Ord (within 40 mile radius) who use CHAMPUS as their primary insurer for inpatient care.

E. METHODOLOGY

Normally, participating health care providers bill CHAMPUS, and other government agencies according to a set of standards and codes for each procedure performed.

The research uses data on cost per admission from the CHAMPUS Inpatient Availability Statement (NAS) report. The analysis concentrates on the CHAMPUS cost for NAS (Obstetrics) cases because these cases are the best candidates for recapture. The Inpatient NAS report provides the combined cost of hospital and professional services for NAS cases in 27 hospital specialties.

The MTF cost per admission for obstetrics patients is developed using data from the Medical Expense and Performance Reporting System (MEPRS). MEPRS tracks total costs (hospitalization and physician costs) and occupied bed days (OBDs) by functional work centers. MEPRS data on cost per OBD by work center can be used to calculate cost per admission given information on treatment protocols that identify the number of days the typical patient remains in each MEPRS work center. The cost of each protocol is calculated by summing the product of number of days spent in each work center and corresponding cost per OBD.

II. THE MILITARY HEALTH CARE

A. OVERVIEW

Both Chapters II and III will further explore the DoD and CHAMPUS programs. These chapters will also note some differences between the two.

B. THE MILITARY HEALTH CARE SYSTEM AND ITS PROBLEMS

For many years, military beneficiaries have enjoyed unlimited medical benefits. However, for the past decade these benefits have shrunk for many beneficiaries as the military struggles to bring health care costs under control. Economic and political realities are making it harder to fulfill promises of adequate benefits for service members, retirees, and their dependents [Ref. 4:p. 10]. In addition, deductibles have tripled for CHAMPUS beneficiaries, except for dependents of service members below grade E-5, and dental premiums have gone up as well.

These cutbacks come on top of longstanding complaints of dependents and retirees about military medicine: crowded emergency rooms, long waits for appointments and limited access to dental care. Furthermore, staff shortages have prevented some military facilities from using all their services; some operating suites and intensive care units have been closed. The war in the Persian Gulf exacerbated the

situation, adding reservists' (who were called for active duty) families to those seeking services, while pulling staff away from military hospitals.

The military medical system is confusing for most beneficiaries. Different categories of people, active duty, retirees, and the dependents of each, eligible for different benefits. What they are eligible for is not necessarily what is available at their local installation.

To cope with skyrocketing medical costs, the military is moving towards enrolling CHAMPUS-eligible beneficiaries in networks of doctors who agree to rates set by the government. The consequence is that patients would lose the freedom to choose their own health care provider but would pay less and find more medical staff accessible.[Ref. 5:pp. 12-13]

C. UNDERSTANDING MILITARY HEALTH CARE

To understand military medicine, it is important to note that active-duty individuals are treated first before others. Preservation of the fighting force is military medicine's fundamental mandate. Treatment of others comes only if medical staff and resources are available after caring for those in uniform.

Second on the list are dependents of active-duty members, including dependents of reservists on active duty. Retirees and their dependents comes last.

As with any hospital, however, the military's priority list is put aside during emergencies. No one in need of emergency medical care is turned away.

Members on active duty receive free medical care, including hospitalization, medicines, immunization shots, regular physical exams and routine dental care. Also, all military hospitals can treat any member of the seven uniformed services: the Army, Marine Corps, Navy, Air Force, Coast Guard, Public Health Service, and National Oceanic and Atmospheric Administration. And active-duty members who cannot get to a military facility for emergency medical care may be treated at civilian hospitals; the government will pay the bill.

Access to the Department of Defense's medical resources is controlled by DEERS (Defense Eligibility and Enrollment Reporting System). This is the military's computerized roster of people eligible for military benefits; active-duty personnel are automatically listed and family members qualifying as dependents must also be enrolled.

D. ACTIVE DUTY DEPENDENTS

Dependents of active-duty members and activated reserves are eligible for treatment at military treatment facilities as long as they are enrolled in DEERS.

Those qualifying as dependents include:

1. The spouse and unmarried children (under 21 years of age) of active-duty members;
2. Unmarried children over 21 who receive more than 50 percent of their financial support from a military parent (limited to children with physical or mental handicap);
3. Unmarried children not yet 23 years old who are full time students at accredited colleges and who must depend on a military parent;
4. Parents or parents-in-law who live in a residence provided or maintained by their active-duty son or daughter (in-law) and who receive more than half their financial support from the service member; and
5. Unremarried widows and widowers of active duty members or retirees.[Ref. 1:p. 15-20]

Dependents can receive different kinds of medical services at military treatment facilities and this includes but is not limited to: treatment of medical and surgical conditions, physical examinations, prescriptions and non-prescription drugs, maternity and infant care, diagnostic tests and services, emergency dental care, and ambulance service when medically necessary.

E. RETIREES' AND THEIR DEPENDENTS

As with active-duty dependents, retirees and their families do not face any charges for outpatient treatment at military treatment facilities.

Enlisted members are not charged for inpatient care while retired officers and warrant officers pay a nominal fee of

\$4.90 a day for meals (for 1991). Spouses and dependents of retirees' are billed \$8.55 a day (for 1991).

Retirees are also eligible for medical care from the Department of Veterans Affairs (VA). Priority is determined as follows:

1. First priority (Category A) includes all veterans with service connected disabilities; veterans claiming exposure to Agent Orange while serving in Vietnam; and those veterans claiming exposure to ionizing radiation through occupation in Hiroshima or Nagasaki, Japan following detonation of the nuclear device or through testing of those or other such devices. Veterans such as former prisoners of war are automatically included in Category A. Also included are veterans with an annual income of \$17,240 or less if they have no dependents, or \$20,688 with one dependent, plus \$1,150 for each additional dependent. This group is considered mandatory; and
2. Discretionary care that is provided if space and resources are available, covers veterans with disabilities that are not service-connected and whose annual income is between \$17,241-\$22,986 if they have no dependents, or between \$20,689-\$28,733 with one dependent, plus \$1,150 for each additional dependent. Veterans in this category must pay a deductible equal to what is paid under Medicare, \$628 in 1991. They are also charged \$10 a day for inpatient care, \$5 a day for nursing home care, and \$26 for each outpatient visit.[Ref. 6:pp. 17-18]

F. OTHER HEALTH CARE SERVICES

In an effort to reduce and alleviate overcrowding at military treatment facilities, the services have opened a number of medical clinics. These clinics are manned by civilian health care practitioners and under contract to provide primary care to both active-duty and retired military

members and their dependents. The Navy calls its clinics NavCare; the Army and Air Force call them PRIMUS. Eligible members and their dependents may avail themselves of any of these clinics, which offer services free of charge. Services available at these clinics includes treatment for minor illnesses, routine physical exams, diagnostic services, X-rays, prescriptions and laboratory work.

Members on active duty are also entitled to a complete dental care in military dental clinics. Active-duty dependents, including dependents of recalled reservists, retirees and their dependents, in that order of priority, may receive dental care at these facilities on a space-available basis. Such care is free, except that all dependents must pay for prosthetic devices. These charges reflect the cost of the materials and not the personnel costs.

The Department of Defense also offers active-duty dependents in the U.S. and its territories dental treatment by civilian dentists through an insurance plan. The plan provides diagnostic care, oral exams, and preventive care such as fluoride treatments, through participating dentists at no additional charge. The plan pays 80 percent of the other charges and the patient pays 20 percent.[Ref. 7:pp. 1-5]

III. THE CHAMPUS PROGRAM

A. BACKGROUND

Health care for military beneficiaries is provided through a dual system: The Navy, Air Force, and Army operate 137 hospitals and numerous clinics in the U.S. and overseas. When military treatment facilities cannot provide care for all eligible beneficiaries, their health care needs may be augmented by CHAMPUS, a health insurance plan that reimburses for health care services provided by civilian doctors to military dependents and beneficiaries below the age of 65.

[Ref. 9:p. 1]

CHAMPUS was created by Congress to supplement the military's hospitals and clinics and to provide health care to retirees and their dependents who live far away from a military treatment facility.

However, CHAMPUS does not cover all medical procedures. Even in cases of treatments it does cover, CHAMPUS does not automatically reimburse patients for all costs.

B. THE CHAMPUS PROGRAM AND ITS PROBLEMS

CHAMPUS has not been without criticism. Complaints have surfaced regarding how much military families must pay and delays in reimbursement.

Increased usage, coupled with sharply rising medical costs, has led CHAMPUS running over budget in recent years. This problem is not unique to the CHAMPUS program and has been experienced by most health insurance programs covering payments to hospitals, doctors, and other health care providers. [Ref. 2:pp. I-8,9]

The CHAMPUS program was designed originally to augment the military hospitals. However, it has become more of an enhancement to the military health care system provided to service members and its eligible beneficiaries. This is evidenced by the increase in its budget and the number of claims filed. In 1989, its total DoD budget was \$2,742.1 million, up from \$2,506.3 million in 1988 [Ref. 2:p. III-3]. In 1989, the number of total claims was 11,657,348, up from 10,678,201 in 1988 [Ref. 2:p. VI-35].

C. HOW CHAMPUS PROGRAM WORKS

As with all health care programs, care is generally divided into outpatient and inpatient. Inpatient treatment occurs when an individual is admitted to a hospital with the reasonable expectation that such individual will stay at least 24 hours. Outpatient occurs in a physician's office or clinic, or during a house call.

With CHAMPUS, families are free to choose outpatient care from civilian providers with few restrictions. In the case of inpatient care, beneficiaries must have prior approval to use

a civilian hospital, or CHAMPUS will not cover the cost. However, under emergency condition this prior approval can be waived. Active-duty beneficiaries and retirees living within the catchment area of a military treatment facility must check there first to see if it can provide the treatment. Again, in emergencies, no one is turned away from a military hospital or clinic.

The catchment area was once the region within a 40-mile radius around a military treatment facility. These areas now are defined by ZIP codes. If the military hospital cannot provide inpatient care, patients may be referred to a civilian hospital. Patients are given written authorization to use civilian facility and the authorization is called a non-availability statement (DD Form 1251).

Basically, the following groups are eligible for CHAMPUS benefits: Dependents of active duty members; surviving spouses and unmarried children of service members who died while on active duty; spouses and unmarried children of reservists who are ordered to active duty for more than 30 days, and the survivors of reservists who died on active duty; member of the reserves between the ages of 60 and 65 who are qualified to receive retired pay; surviving spouses and children of deceased retirees (spouses who remarry are ineligible unless married to eligible member); and children of active-duty member or retiree up to age 21 if not married, and to 23 years old if not married and in school full time.

As a rule, CHAMPUS coverage automatically ends when a participant turns 65. Most military retirees and their dependents lose CHAMPUS eligibility when they become eligible for Social Security's Medicare program. However, retirees and their dependents keep their privilege for treatment in military hospitals.

D. THE CHAMPUS REFORM INITIATIVE

In February 1988, the DoD awarded a contract to Foundation Health Corporation (FHC) to implement the CHAMPUS Reform Initiative (CRI). Costs of running the military health care system in recent years have been escalating rapidly and exceeded \$2.7 billion in fiscal year 1989. To contain these costs and to respond to criticism regarding access to military health care, and improve coordination between military and civilian health care providers, the DoD has developed the CHAMPUS Reform Initiative.

Basically, the most important features of the CRI are the following:

1. Selection of several contractors, each responsible for the financing and delivery of CHAMPUS services in an entire area;
2. A price fixed prospectively for all covered services delivered to CHAMPUS beneficiaries in the area;
3. An alternative to current CHAMPUS, CHAMPUS Prime, that would offer improved coverage of primary care, reduced cost sharing, and simpler procedures to those

beneficiaries who enroll in the plan and use a panel of preferred civilian providers selected by the contractor;

4. A Health Care Finder to help beneficiaries obtain appointments in the military facilities, referrals to appropriate civilian providers, and medical record transfers; and
5. Resource sharing agreements between each civilian contractor and military hospital in his/her area in which the contractor agrees to provide manpower and other resources needed to increase capacity utilization within these hospitals.[Ref. 3:pp. 1-2]

The CRI is undergoing trials in two states, California and Hawaii. And if its successful, the system will be phased in to other regions of the country in the future.

IV. METHODOLOGY

A. SOURCES OF DATA

The data used for this research come from two sources. The Fort Ord Army Hospital in Fort Ord, California furnished the MEPRS cost and related data on Obstetrics care for the fiscal year 1990.

The second source was through the Office of Civilian Health and Medical Program of the Uniformed Services (OCHAMPUS) in Aurora, Colorado. OCHAMPUS provided the Health Care Summary Report and Inpatient NAS Reports. The Health Care Summary Report shows CHAMPUS utilization and cost data for the Fort Ord catchment area and the Inpatient NAS Report which was primarily used in this research shows the catchment area utilization and cost data by whether an NAS was required with the 27 hospital specialties.

B. OVERVIEW OF MEPRS

The Medical Expense and Performance Reporting System (MEPRS) contains cost and workload performance information for military treatment facilities.

The MEPRS recognizes six general functional areas within an MTF: inpatient, outpatient, dental, ancillary services, support services, and special programs. Support services are laundry service, food service, housekeeping, and other non

medical functions. Ancillary services include clinical laboratory, pathology, radiology, pharmacy, and other related activities that contribute in the proper diagnosis and treatment of admitted patients. Special programs consist of graduate medical education, public health services, and decedent affairs. Within the general functional areas, MEPRS further identifies separate work centers of the MTF in which different services are performed. Therefore, it tracks workload and expenses by these work centers.

Expenses from ancillary and support work centers are reallocated or reassigned to inpatient and other work centers and other final operating accounts. This allocation is the percentage of the ancillary and support workload performed for the work centers. For example, the performance factor for Blood Bank is weighted procedure (see Appendix A for sample of performance factors). If 20% are served for Obstetrics, then 20% of the cost of operating the Blood Bank are allocated to Obstetrics care (work center).

Expense information are entered in the MEPRS in the form of Direct Expense Schedule (DES) and it identifies all expenses directly associated with a given work center.

Workload statistics are recorded into MEPRS in the form of stepdown assignment statistics (SAS) data sets. Each SAS data set is composed of a numerical identifier that is related with a specific workload measure and a list of MEPRS work center and corresponding workload for that work center. Also, other

workload information are gathered from numerous sources, including the Automated Quality of Care Evaluation Support System (AQCESS), which provides reports on OBD's by work center; Tri-service Medical Information System (TRIMIS), which provides reports on ancillary workload.

The EAS is the automated system that processes the actual cost allocations from intermediate operating accounts to final accounts. The beginning of the process is the DES that identifies the direct expense of each work center, including ancillary and support work centers. During the stepdown process, the direct expenses of ancillary and support work centers are charged to the inpatient, outpatient, dental, or special programs work centers benefiting from the expenses.

During the final or post-stepdown, expenses from cost pools are allocated to final operating accounts. Cost pools are established when costs are shared by two or more by final operating accounts.

The Final Purification Report identifies the expense distribution from cost pools to final accounts. This report shows the dollar amounts calculated and allocated during purification.

The Computation Summary reveals the breakdown of total work centers expense by direct expense, support costs, ancillary costs, expense from cost pools, and a final purified amount.

C. CALCULATING COSTS USING PATIENT TREATMENT PROTOCOLS

To estimate MTF cost per patient admission, MTF physicians must identify major types of hospital admission and develop patient treatment protocol² for each.

May [Ref 8] developed a method to estimate the costs. The cost of treating each patient admitted can be determined from the treatment protocols and the cost per OBD for each work center. The cost is estimated as weighted sum of the cost per OBD in each work center where the weights equal the number of days spent in each work center:

$$\text{Cost per admission} = w_1 C_1 + \dots + w_n C_n \quad i=1 \text{ to } n,$$

where

w_i = number of OBD spent in work center i

C_i = cost per OBD in work center i

n = number of work centers.

D. MEPRS DATA

Data provided by Fort Ord Army Hospital covered only the inpatient services³ and work centers that affected the computation of Obstetrics cost. Of the data provided, five reports were used for analysis that are directly related to

²For this research, a treatment protocol is defined as the number of days the typical patient with a certain diagnosis remains in each MEPRS work center.

³To date, there are 18 identified inpatient specialties within the Fort Ord Army Hospital (see Appendix J-Inpatient Specialties).

the Obstetrics cases. Referring to Appendix B (Occupied Bed Day Data), this report accounts all the occupied bed days for the inpatient work centers. Appendix C (Direct Expense Report), this report shows the total salary of clinicians working in those particular work centers. Appendix D (Stepdown Schedule) enumerates all the ancillary and support costs allocated to the affected work centers. Appendix E (Final Purification Report) shows the allocated costs to different work centers from the ward cost pools. Appendix F (Computation Summary Report) integrates all the different costs allocated to the work centers.

The MEPRS data provided by Fort Ord Army Hospital are up to September 30, 1990 and considered complete. However, the data provided need to be analyzed carefully because of the system's (MEPRS) inherent limitations. For example, data are collected by functional work center instead of by individual patient. When admitted patients in a given specialty are treated in two or more work centers, cost per admission must be calculated from data on cost per OBD by work center and treatment protocol developed for the specialty. Second, since MEPRS is an allocative system, a work center's share of support and ancillary costs is determined from its relative share of weighted workload. If weights do not capture all differences in resource consumption for ancillary and support costs, then the allocated cost could be different from the

true cost. As a result of these limitations, the cost per admission in a given specialty using patient treatment protocols cannot be truly estimated from the true cost.

E. CHAMPUS COST DATA

The data provided by OCHAMPUS particularly the Inpatient Non Availability Statement report is considered complete for the fiscal year 1991. This report provides costs and utilization data for twenty-seven medical specialties. The report comprises the following types of admissions: emergency (no NAS required); and non-emergency (NAS required or not required). This feature is very important because in NAS cases, CHAMPUS is the primary insurer and a given MTF generally absorbs all the costs of the admission. Thus, NAS cases are the best candidates for recapture. Furthermore, this report excludes the following types of data: CHAMPVA; contractor-denied claims; claims with zero government cost; hospital outpatient care; ambulatory surgery for active duty dependents; and all foreign country data (except Mexico and Canada).

F. METHODOLOGY APPLICATION

Applying May's [Ref. 8] methodology on the MEPRS data, we can have a best estimate of the admission cost on different inpatient specialty or services (see Footnote 3) for the Fort Ord Army Hospital. For Obstetrics cases, the total expenses

in fiscal year 1990 is \$2,449,541.00 which include the clinician salaries. The occupied bed days (OBD's) totaled to 4,844 for 1,628 patients admitted (this data was derived from SAS Admissions Report). Dividing 4,844 OBD's by 1,628 patients will result to average length of stay (ALOS) or occupied bed days of about three days (the exact number is 2.975 days). Furthermore, dividing the total expenses of \$2,449,541.00 by the occupied bed days of 4,844 will yield a dollar amount of \$505.69. This is the average cost per OBD in Obstetrics work center. To determine the total cost per admission for Obstetrics using the methodology:

$$\text{Cost for each admission} = w_1 \cdot C_1 + \dots + w_n \cdot C_n \quad i=1 \text{ to } n,$$
$$w_i = 3^4 \quad C_i = \$505.69 \quad n = 1 \text{ (see Footnotes 2 and 4).}$$

Therefore, the computed cost for each admission for Obstetrics at Fort Ord Army Hospital when using patient treatment protocol is \$1,504.63. This is the amount used for comparing the cost between MEPRS and CHAMPUS.

For CHAMPUS Obstetrics cases⁵ for the year 1990 (see Appendix G, Total All Categories of Beneficiaries section, NAS

⁴For the fiscal year 1990, 99.50% of patients admitted at Fort Ord Army Hospital for Obstetrics care were seen and treated at that work center. The remaining .50%, who were treated by two or more work center, were not included in the analysis because the effect is considered negligible in the final cost per admission.

⁵Obstetrics costs used in the computation are costs pertaining to mothers care only. Costs incurred for routine care for newborns are excluded. Similarly, Obstetrics costs incurred by the Fort Ord Army Hospital and used in the computation excludes newborn costs.

required), the total government cost is \$314,365 for a total of 98 inpatient admissions. Dividing the total government costs by 98 total admissions will yield \$3,207.80 average government cost per admission. The total hospital days or total occupied bed days is 272, divide this by total admissions will yield an average length of stay or average OBD of 2.77. Furthermore, dividing \$3,207.80 by the average OBD or length of stay will yield \$1,155.75 average government cost per occupied bed day.

V. DISCUSSION AND ANALYSIS

A. CHAPTER OVERVIEW

When to recapture? In order to answer this very important question when considering shifting (recapturing) CHAMPUS workload to a particular treatment facility, one has to explore the following issues that may affect the overall results of patients recapture. The primary goal of comparing CHAMPUS and MTF costs is to ascertain whether a given MTF can provide inpatient care at a lower cost than through CHAMPUS. However, the potential savings related to recapturing CHAMPUS workload vary significantly between patient to patient.

First, the potential savings that could be derived from shifting CHAMPUS workload is dependent upon recaptured admissions because CHAMPUS coverage varies by status of patients and private insurance coverage. For eligible dependents who have private insurance, CHAMPUS is considered a secondary insurer. Therefore, it only pays charges not covered by the dependent's insurance.[Ref. 9:pp. 4-8]

Second, many eligible dependents are considered transparent to the military health care system due to their infrequent use or non-use of military facilities or CHAMPUS for some or most of their health care needs. Therefore, drawing this population will increase the workload of the

military treatment facilities. And, since this population are viewed as ghosts by the military system, the potential gain in number may not reduce the CHAMPUS workload in equal number. In other words, cost advantage in favor of the MTF that exists per admission would be eventually offset by disproportionate increases in MTF workload.[Ref. 10:p. 1]

Another issue to consider when recapturing is the potential effect on some aspects of medical care, as well as the overall satisfaction on the part of the recaptured population. By increasing the number of patients seen within a particular specialty, the access to that health care service would probably be affected not only in terms of longer lines (waiting to make an appointment or follow-up) but also the quality of time spent by the physician with his or her patient. Also, when recaptured, patients who are used to shopping for health services outside the MTF may no longer have any option available to them to see a particular specialist or doctor they prefer (exceptions are emergency conditions) and in some cases this will cause patient dissatisfaction.

B. ANALYSIS

Based on the data derived from MEPRS and OCHAMPUS, a summary of the computation is created to show the final costs and workload for the Obstetrics care incurred by the Fort Ord Army Hospital and CHAMPUS for FY 1990.

Referring to Appendix I, the average cost per admission at the MTF level is about \$1,504.00. This number represents the average cost for inpatient care provided for one Obstetrics specialty patient. Again, this sum was derived by multiplying the average cost per occupied bed day, \$505.69, by the average length of stay, which is 2.975 days.

The CHAMPUS cost on Obstetrics care per admission within the Fort Ord catchment area is about \$3,207.00 and this number is derived from the CHAMPUS NAS Inpatient Report.

Based on the above there is a significant cost difference between the two programs. The net difference of \$1,703 for each patient admission could represent a substantial savings if these Obstetrics patients (NAS required) were recaptured and treated within the military treatment facility.

It should be noted, however, that the remaining 17 medical specialties within the Fort Ord Hospital were not compared and analyzed. Thus, the potential savings from these specialties and what their impact could be on the overall CHAMPUS for the catchment area cannot be truly ascertained. Despite this, it is widely accepted that military treatment facilities of any size can deliver health care service at lower cost. If this is so, the potential savings in recapturing patients under different types of medical specialties can be substantial not only to the overall CHAMPUS budget for the Fort Ord catchment area but also to the rest of catchment areas within the CHAMPUS program.

Based on the data analyzed in this research, shifting CHAMPUS Obstetrics (NAS required) cases back to the Fort Ord Army Hospital could have significantly reduced the overall CHAMPUS cost for the Fort Ord catchment for FY 1990. This potential savings represents a reduction in expenditures of almost 76 percent of the grand total of CHAMPUS and patients costs in all Obstetrics categories in the Fort Ord area. These categories are emergency medical treatment (no NAS required), inpatient care where no NAS is required, and inpatient care where NAS is required. Similarly, when the OBD cost on Obstetrics was compared to the CHAMPUS cost for FY 1990, the difference was almost a 50% in favor of MTF.

It should be noted, however, that there are extra costs associated with any form of medical specialty recapture. And these costs are considered significant. Example of these costs are salaries of new doctors, additional ancillary costs, and other support costs. In the case of Fort Ord Army Hospital, a practical way to measure and to forecast future costs when recapturing Obstetrics patients are the use of established cost per occupied bed days. These costs are considered a good measure when comparing future costs since the OBD cost is composed of average cost incurred by the military hospital for doctors salaries, ancillary services, and other support costs for that work center.

Furthermore, in analyzing the results of the data contained in this research, there are various reasons for

increases in number of CHAMPUS Obstetrics patients being referred to the civilian facilities, as well as increases in costs both for the CHAMPUS and patients within the Fort Ord catchment area.

Currently, there are constraints in the supply of military physicians within Fort Ord Army Hospital not only in Obstetrics specialty but also in most clinical areas of the hospital. This situation is not unique to Fort Ord and is being experienced by other military treatment facilities as well. Since this is not unique to Fort Ord it is expected that some services have to be cut back and some have to be closed due to lack of necessary resources. Also, in addition to its requirement to provide health care to eligible beneficiaries, the military hospital is also mandated by higher authorities to support any national contingencies. For example, during the Persian Gulf crisis, a large number of medical personnel stationed at the hospital were sent to the area to support deployed personnel. And in anticipation of future casualties the hospital reduced and/or cut back some of its services available to eligible beneficiaries in the catchment area. This action by the hospital, preserving and conserving, some of its resources for contingencies, have resorted to more outside referrals of patients not only Obstetrics care but of other specialties as well. In FY 1990, the majority of patients (Obstetrics with NAS authorization)

who were referred to outside providers were dependents of active duty personnel. Therefore, the bulk of the total cost was absorbed by the government.

It should be noted that in cases where a patient is seen by a nonparticipating provider, the cost in excess of allowed CHAMPUS amount must be paid by the patient. This plus the cost associated with yearly deductible payments will tend to increase the overall cost paid by the patient. So in reality, CHAMPUS covers less than 100 percent of the reported costs for active-duty dependents and covers less than 75 percent of the costs for retiree families. But since most of the civilian providers participate in CHAMPUS, thus agreeing to absorb costs in excess of the allowed CHAMPUS charges, the total costs reported and analyzed in this research approximates the allowable charges.

Another reason in increased cost is the medical status of the patient itself. Patients are automatically referred to civilian providers when specialized care is needed because of some complications in their pregnancy and Fort Ord Army Hospital cannot provide the appropriate care. However, the correct number of these patients (with complications) cannot be obtain since their inpatient records were not screened for this purpose. At any rate, any kind of specialized care, if it were needed and obtained, will undoubtedly increase the cost of Obstetrics care. Thus, the potential savings calculated maybe overstated.

There is also the question of patient's proximity to the Fort Ord Army Hospital. There are cases where beneficiaries live in the outermost perimeter of the catchment area thereby access to the care needed is prohibitive. In these cases where geographic considerations have to be considered, the prudent choice by the military hospital is to refer them to the nearest civilian provider.

VI. CONCLUSIONS AND RECOMMENDATIONS

A. CONCLUSIONS

The methodology described in this research provides a best estimate in comparing Obstetrics costs between a military treatment facility and CHAMPUS. The CHAMPUS cost per patient admission can be derived from the CHAMPUS Inpatient NAS Report. The military treatment facility's cost can be constructed using patient treatment protocols, which describe the hospital stay by work center for different categories of patients, and cost per occupied bed day estimates from MEPRS.

An important requirement when using this methodology, however, is the determination of relevant clinical specialties and the proper use of treatment protocols. Another requirement is the accuracy of workload data and costs data used in MEPRS.

By comparing MTF and CHAMPUS costs, a given military treatment facility can identify those specialty areas in which to reduce costs either by increasing the MTF's workload (use of recapture and/or normal increase of appointments) or increasing referrals to outside providers. Similarly, additional recapture of different types of medical specialties must also be based on the requirements of the MTF,

availability of resources and consideration on the needs of a given specialty population.

Based on the computations performed in Chapter IV and the analysis conducted in Chapter V, it can be concluded that recapturing and treating eligible beneficiaries at Fort Ord Army Hospital has a cost saving potential. In FY 1990, in the case of Obstetrics specialty, the MTF could have saved approximately \$1,703.00 per admission if these patients were recaptured.

However, when considering recapture, the overall mission capability of a given MTF must be seriously taken in to account. For example in FY 1990, in the case of the Fort Ord Army Hospital, the hospital has experienced shortages in military doctors especially in the Obstetrics and Gynecology specialty. This situation can be attributed to the longstanding manning constraint within the DoD health care system and which to some extent exacerbated by the war in the Persian Gulf when large number of the hospital's medical personnel have to leave to support deployed military personnel. Consequently, for that year, the military hospital resorted to more referrals of Obstetrics patients to outside health care providers.

Another aspect in a recapture that is very important are the high costs related to any patients needing specialized health care. If the additional costs to be incurred in

specialized services are more than the savings to be realized, then it would probably be cost-effective to leave these patients unrecaptured.

Also, use of OBD's as a gauge on forecasting savings in costs must be done with caution since derivation of historical costs may not truly reflect the future costs.

Finally, in light of the constraints placed on Fort Ord Army Hospital, as well as to other military treatment facilities within DoD, it would be prudent now to address any aspects of cost containment since the overall cost of providing military health care is rapidly escalating.

B. RECOMMENDATIONS

This research has analyzed and compared the costs of one medical specialty, Obstetrics, between a military treatment facility and its catchment area. Based on the data analyzed, it is evident that a significant savings could be realized when patients are recaptured back to the MTF. However, before attempting to shift major CHAMPUS workloads, by recapturing other specialties, a further study should be conducted in order to ascertain the full impact of the possible change, and to make sure that these changes are warranted. It should be noted that potential savings related with shifting CHAMPUS workload back to the MTF can vary because of dependents' status, private insurance coverage, and other costs associated

with any recapture (i.e., additional salaries for new doctors, expected increase in ancillary and support costs, etc.).

Therefore, it is recommended that:

1. Cost analysis of the remaining 17 medical specialties, in the case of Fort Ord Army Hospital, be conducted and compared to the other CHAMPUS specialties within the Fort Ord catchment area. Such a study should cover a four to five year span in order to determine if there is a growing trend.
2. A study should also be conducted, in conjunction with the above recommendation, on number and status of beneficiaries carrying any private insurance within the catchment area. If there is a significant number of beneficiaries having private insurance coverage, then it would probably be cost-effective to leave this population unrecaptured.

APPENDIX A

EXAMPLE OF PERFORMANCE DESCRIPTIONS FORT ORD ARMY HOSPITAL, FY 1990

<u>ACCT</u>	<u>DESCRIPTIONS</u>	<u>PERFORMANCE DESCRIPTION</u>
DAA	PHARMACY	WEIGHTED PROCEDURE
DBA	CLINICAL PATHOLOGY	WEIGHTED PROCEDURE
DBC	BLOOD BANK	WEIGHTED PROCEDURE
DCA	RADIOLOGY	WEIGHTED PROCEDURE
DDA	ELECTROCARDIOGRAPHY	PROCEDURE
DDD	PULMONARY FUNCTION	WEIGHTED PROCEDURE
DEA	CENTRAL STERILE SUPPLY	HOURS OF SERVICE
DFA	ANESTHESIOLOGY	MINUTES OF SERVICE
DFB	SURGICAL SUITE	MINUTES OF SERVICE
DHD	PHYSICAL THERAPY	VISIT
DGA	SAME DAY SURGERY	MINUTES OF SERVICE

APPENDIX B

STATISTICAL DATA SET (OCCUPIED BED DAY DATA) FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	QTR 1	QTR 2	QTR 3	QTR 4
AAAA	1452	1203	1170	1332
AAFA	0	4	8	4
AAHA	210	253	220	245
AAJA	6	13	7	39
ABAA	805	868	1022	920
ABCA	46	59	42	21
ABEA	46	41	46	0
ABFA	130	191	160	142
ABGA	160	147	201	151
ABKA	227	301	156	4
ACAA	245	356	355	315
ACBA	1306	1011	1168	1359
ADAA	490	429	404	422
ADBA	893	782	866	839
AEAA	604	871	1008	934
AEBA	79	132	109	152
AFAA	921	1047	863	888
AGAA	243	309	329	302
AGBA	3	10	1	1
AGCA	585	732	821	683
AGDA	152	79	82	78
AGEA	20	49	61	16
AGFA	0	0	0	26
AGGA	3	4	0	23
AGHA	231	196	280	291

APPENDIX C (DIRECT EXPENSE REPORT)

PREPARED: 90 NOV 27 1041 HRS PAGE DISPLAY
 FACILITY NAME: MEDDOL FT DRU
 FACILITY CODE: W2C4AA DOD REGION: 06

PCN NAA-QUE

QUARTER 4 : 01 JUL - 30 SEP FY 90
 PAGE 30 DES DATA SLI

LINE	FAC IL	CODE	LINE	TOTAL	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	UCA	SAS	SUB AMT	S
01	DES	30	4	N													
2					70648	AAAA	0		0		0		0				0
3					5022	AAJA	0		0		0		0				0
4					6004	AAFA	0		0		0		0				0
5					29233	AAHA	0		0		0		0				0
6					825522	AXXA	0		0		0		0				0
7					575345	AXXH	0		0		0		0				0
8					159543	ABAA	0		0		0		0				0
9					12843	ABCA	0		0		0		0				0
10					18629	ABEA	0		0		0		0				0
11					61437	ABFA	0		0		0		0				0
12					34999	ABGA	0		0		0		0				0
13					68882	ABKA	0		0		0		0				0
14					90288	ABXH	0		0		0		0				0
15					77608	ACAA	0		0		0		0				0
16					132982	ACBA	0		0		0		0				0
17					1136666	ACXA	0		0		0		0				0
18					111261	ADAA	0		0		0		0				0
19					36745	AUBA	0		0		0		0				0
20					525723	AUXA	0		0		0		0				0
21					575592	AUXB	0		0		0		0				0
22					178637	AEEA	0		0		0		0				0
23					24208	AEEA	0		0		0		0				0
24					713469	AEXA	0		0		0		0				0
25					69689	AFAA	0		0		0		0				0
26					505763	AFXA	0		0		0		0				0
27					0	AFXB	0		0		0		0				0
28					0	AFXC	0		0		0		0				0
29					75553	AGAA	0		0		0		0				0
30					144918	AGCA	0		0		0		0				0
31					30424	AGDA	0		0		0		0				0
32					13793	AGHA	0		0		0		0				0
33					343189	BAAA	0		0		0		0				0
34					161564	BABA	0		0		0		0				0
35					67309	BACA	0		0		0		0				0
TOTAL					6884488												

PCN MAA-Q10

STEPDOWN SCHEDULE

PREPARED: 90 NOV 27 1059 HRS
 FACILITY NAME: MECDAC FT ORD
 FACILITY CODE: M2C4AA
 DDO REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE

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ACCT	EJAA	EKAA	EKAB	EKAE	EKAG	EKAR	DAAA	OAAE	DAAR	DBXA	DBLA
ABEA	4115	0	0	0	C	0	3018	0	7	0	0
ABFA	19273	0	0	0	C	0	26334	0	0	0	0
ABGA	20387	0	0	0	0	0	25414	7	0	0	0
ABKA	21284	0	0	0	C	0	48276	22	14	0	0
ABXH	0	0	0	0	C	0	0	0	0	0	0
ACAA	39320	0	0	0	0	0	110026	515	29	0	0
ACBA	149856	0	0	0	0	0	197664	726	71	0	0
ACXA	0	0	0	0	0	0	35139	0	0	0	0
ADAA	53983	0	0	0	0	0	226085	45	57	0	0
ADBA	104565	0	0	0	0	0	119523	16	36	0	0
ADXA	0	0	0	0	0	0	17470	0	0	0	0
ADX8	0	0	0	0	0	0	12109	0	0	0	0
AEAA	105709	0	0	0	0	0	161411	16	49	0	0
AEBA	14602	0	0	0	0	0	20636	0	8	0	0
AEXA	0	0	0	0	0	0	29519	0	0	0	0
AFAA	115052	0	0	0	0	0	23802	195	0	0	0
AFBA	0	0	0	0	C	0	0	0	0	0	0
AFXA	0	0	0	0	0	0	4452	0	0	0	0
AFXB	0	0	0	0	C	0	0	0	0	0	0
AFXC	0	0	0	0	C	0	0	0	0	0	0
AGAA	36558	0	0	0	C	0	116010	723	604	0	0
AGBA	464	0	0	0	0	0	12584	4	0	0	0
AGCA	87271	0	0	0	0	0	114022	28	420	0	0
AGDA	12056	0	0	0	C	0	37127	762	527	0	0
AGEA	4517	0	0	0	C	0	61235	128	783	0	0
AGFA	804	0	0	0	0	0	0	0	0	0	0
AGGA	928	0	0	0	0	0	0	0	0	0	0
AGHA	30875	0	0	0	0	0	5323	3	192	0	0
BAAA	55367	0	0	0	C	0	341770	243	505	0	0
BABA	21471	0	0	0	C	0	24355	35	449	0	0
BACA	11981	0	0	0	0	0	17649	7	35	0	0
BACE	330	0	0	0	C	0	0	0	0	0	0
BAGA	443	0	0	0	0	0	6786	0	0	0	0
BAKA	8060	0	0	0	0	0	9636	0	22	0	0
BAKE	2198	0	0	0	0	0	0	0	0	0	0
BALA	6560	0	0	0	C	0	1286	0	0	0	0
BAPA	32307	0	0	0	C	0	43606	19	50	0	0
BAP7	1225	0	0	0	0	0	0	0	0	0	0
BRAA	25783	0	0	0	C	0	43795	0	21	0	0
BBDA	16162	0	0	0	C	0	44269	6	64	0	0

PCN NAA-Q10

STEPPDOWN SCHEDULE

PREPARED: 90 NOV 27 1059 HRS
FACILITY NAME: MECDAC FI URO
FACILITY CODE: W2C4AA
DDD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
PAGE 9-4

ACCT	DBAA	DBAB	DBAL	DBAR	DBBA	LCAA	OCAC	OCAR	DDAA	COBA	UUUA
ABEA	508	5	0	0	1376	0	0	0	213	0	0
ABFA	1401	16	0	0	5910	3244	0	0	35	0	23
ABGA	2450	0	0	0	4087	0	0	0	35	0	0
ABKA	8249	244	0	0	6059	0	0	0	1682	0	0
ABXM	0	0	0	0	0	0	0	0	0	0	0
ACAA	26998	51	0	0	46607	0	0	0	0	0	0
ACBA	131423	41	0	0	7302	13515	0	0	18	0	0
ACXA	0	0	0	0	0	0	0	0	0	0	0
ADAA	53781	19	0	0	465	19292	0	0	796	1335	1683
ADBA	72612	0	0	0	0	10964	0	0	0	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADXB	0	0	0	0	0	0	0	0	0	0	0
AEEA	17871	403	0	0	3929	39913	0	0	106	121	23
AEBA	3464	11	0	0	4351	19	0	0	89	0	0
AEXA	0	0	0	0	0	8442	0	0	0	0	0
AFAA	16162	423	0	0	22	2581	0	0	88	131	45
AFBA	0	0	0	0	0	0	0	0	0	0	0
AFXA	0	0	0	0	0	0	0	0	0	0	0
AFXB	0	0	0	0	0	0	0	0	0	0	0
AFXC	0	0	0	0	0	0	0	0	0	0	0
AGAA	28158	104	0	0	225	49	0	0	0	0	1033
AGBA	1990	0	0	0	116	0	0	0	0	0	0
AGCA	60233	7	0	0	5386	0	0	0	18	0	420
AGDA	9381	2	0	0	0	0	0	0	0	0	398
AGEA	2863	0	0	0	1451	0	0	0	0	0	0
AGFA	50	0	0	0	0	0	0	0	0	0	0
AGGA	46	0	0	0	167	0	0	0	18	0	0
AGHA	13645	0	0	0	0	0	0	0	0	0	0
BAAA	119368	34	0	0	78	121281	112	0	6513	730	4566
BABA	14712	395	0	0	0	9701	0	0	89	0	6110
BACA	16611	0	0	0	0	3195	0	0	3151	0	161
BACE	0	0	0	0	0	0	0	0	0	0	0
BAGA	4362	0	0	0	0	120	0	0	106	0	0
BAKA	2551	57	0	0	0	62804	149	0	17	17159	206
BAKE	0	0	0	0	0	0	0	0	0	16307	0
BALA	16647	1	0	0	21337	139	0	0	0	0	0
BAPA	0	0	0	0	0	0	0	0	0	0	0
BAPZ	0	0	0	0	0	0	0	0	0	0	0
BBAA	30994	15	0	0	1464	88252	0	0	638	121	450
BBUA	1729	3	0	0	0	25899	149	0	17	0	0

PREPARED: 90 NOV 27 1059 HRS
 FACILITY NAME: MECOAC F1 URO
 FACILITY CODE: W264AA
 DOD REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR IU DATE
 PAGE 10-4

ACCT	DEAA	DFXA	DFBA	DFBL	DFAA	LFAL	DFCA	DCAA	DHAA	QHBA	LHUA
ABEA	0	0	9153	1	15256	3	595	23489	0	0	0
ABFA	0	0	158187	26	60925	11	11101	41848	0	0	16
ABGA	0	0	202455	34	63607	12	8370	3211	2598	0	0
ABKA	0	0	135995	23	53815	10	7473	4449	1314	0	0
ABXM	1132	0	0	0	0	0	0	0	0	0	0
ACAA	0	0	137686	22	53159	10	11816	30244	0	0	0
ACBA	0	0	209402	35	65896	12	12004	0	537	555	0
ACXA	72154	0	0	0	0	0	0	0	28221	2081	587
ADAA	0	0	0	0	0	0	0	0	598	0	0
ADBA	0	0	0	0	0	0	0	0	0	0	0
ADXA	0	0	0	0	0	0	0	0	0	0	0
ADXB	18532	0	0	0	0	0	0	0	0	0	0
AEAA	0	0	462733	77	189947	36	26794	113133	1941	7873	10300
AEBA	0	0	118139	20	35457	6	2842	857	0	0	1299
AEXA	4157	0	0	0	0	0	0	0	1612	118929	46
AFAA	0	0	0	0	0	0	0	0	0	0	0
AFBA	0	0	0	0	0	0	0	0	0	0	0
AFXA	54	0	0	0	0	0	0	0	0	0	0
AFXB	0	0	0	0	0	0	0	0	0	0	0
AFXC	0	0	0	0	0	0	0	0	0	0	0
AGAA	0	0	0	0	0	0	0	0	18605	0	216
AGBA	0	0	1120	0	365	0	0	0	5465	0	0
AGCA	0	0	85335	14	25723	5	0	0	1553	0	0
AGDA	0	0	0	0	0	0	0	0	8004	0	0
AGEA	0	0	3147	1	1861	0	0	241	29	0	16
AGFA	0	0	0	0	0	0	0	0	0	0	0
AGGA	0	0	0	0	176	1	0	0	0	0	0
AGHA	0	0	0	0	0	0	0	0	210	0	0
BAAA	0	0	0	0	0	0	0	0	0	2427	7577
BABA	0	0	0	0	0	0	0	0	0	0	325
BACA	0	0	0	0	0	0	0	0	0	2394	0
BACE	0	0	0	0	0	0	0	0	0	0	0
BAGE	0	0	0	0	0	0	0	0	0	0	0
BAKA	0	0	0	0	0	0	0	0	0	173	5088
BAKE	0	0	0	0	0	0	0	0	0	0	0
BALA	0	0	0	0	0	0	0	0	0	0	0
BAPA	22305	0	0	0	0	0	0	0	0	0	232
BAPZ	0	0	0	0	0	0	0	0	0	0	0
BBAA	6117	0	0	0	0	0	0	0	0	243	6536
BBDA	566	0	0	0	0	0	0	0	0	0	0

PREPARED: 90 NOV 27 1059 HRS
 FACILITY NAME: MEDOAC FT ORD
 FACILITY CODE: W2C4AA
 000 REGION: 06

QUARTER 4 : 01 JUL - 30 SEP FY 90 YEAR TO DATE
 PAGE 1- 1

ACCT DESCRIPTION	EXP. AFT. STEPDOWN	AXXA	AXXH	ABXP	ACXA	ADXA	ACXB	AEXA
AAAA INTERNAL MEDICINE	1564251	925214	0	6301	0	0	0	35708
AAAB INFECTIOUS DISEASE	0	0	0	0	0	0	0	0
AAAC ALLERGY	712	0	0	0	0	0	0	0
AAAD AIDS	0	0	0	0	0	0	0	0
AAAB CARDIOLOGY	0	0	0	0	0	0	0	0
AAAA DERMATOLOGY	0	0	0	0	0	0	0	0
AAFA GASTROENTEROLOGY	12063	1143	0	1312	0	0	0	309
AAHA INTENSIVE CARE MICU	417065	4003	511638	0	0	0	0	309
AAJA NEUROLOGY	18627	12199	0	0	0	0	0	155
AXXA WARD 6S MIXED MED	1302230	1302238	0	0	0	0	0	0
AXXH COMBINED CCU WARD 6S	1085907	0	1085907	0	0	0	0	0
ABAA GENERAL SURGERY	1666863	43459	1007	82967	0	54289	0	356213
ABCA INTENSIVE CARE SICU	52408	15630	110807	0	2189	0	0	309
ABEA OPHTHALMOLOGY	82822	572	0	13259	0	4286	0	2163
ABFA ORAL SURGERY	419322	4193	0	46209	0	16287	0	25666
ABGA OTORHINOLARYNGOLOGY	396697	12008	0	4332	0	80005	0	43726
ABKA UROLOGY	390324	11818	0	19560	0	22287	0	61648
ABXM MINIMAL CARE WD 4S COST POOL	263864	0	0	263864	0	0	0	0
ACAA GYNECOLOGY	590497	21920	0	24548	10124	0	0	144002
ACBA OBSTETRICS	1130120	762	2014	132	1306625	0	0	9888
ACXA WARD 5 E OB	2086769	0	0	0	2086769	0	0	0
ADAA PEDIATRICS	585546	953	5037	0	0	494033	2297	0
ADBA NURSERY	420561	0	0	0	0	286	105634	0
ADXA WARD 6 S PEDIATRICS	826341	0	0	0	0	826341	0	0
ADXB WARD 5 S NURSERY	916602	0	0	0	0	0	0	0
AEAA ORTHOPEDICS	1493456	31451	0	56054	0	31145	0	415645
AEBB PODIATRY	247149	3621	0	6827	0	11715	0	55623
AEXA WARD 4 M COMBINED SURGERY	1230812	0	0	0	0	0	0	1230812
AFAA PSYCHIATRY	508513	0	0	0	0	0	0	0
AFBA SUBSTANCE ABUSE	0	0	0	0	0	0	0	0
AFXA WARD 7M PSYCHIATRY	763909	0	0	0	0	0	0	0
AFXB PSY RESOURCE SHARING 7M (PSY TECH)	1011	0	0	0	0	0	0	0
AFXC PSY RESOURCE SHARING 7M (RN)	820	0	0	0	0	0	0	0
AGAA FAM PRAC INTERNAL MEDICINE	350110	207573	53389	131	0	0	0	3090
AGBA FAM PRAC GENERAL SURGERY	26930	191	1007	394	274	571	0	1081
AGCA FAM PRAC OBSTETRICS	684122	762	0	131	767283	0	0	1854
AGDA FAM PRAC PEDIATRICS	123497	191	1008	0	0	111437	0	0
AGEA FAM PRAC GYNECOLOGY	96067	3621	0	1181	274	0	0	18078
AGFA FAM PRAC PSYCHIATRY	2233	0	0	0	0	0	0	0
AGGA FAM PRAC ORTHOPEDICS	5222	954	0	526	0	0	0	3245

APPENDIX F (COMPUTATION SUMMARY)

PREPARED: 90 NOV 27 1059 HRS
 FACILITY NAME: MECDAC FT ORD
 FACILITY CODE: W264AA DUD REGION: 06

COMPUTATION SUMMARY

PCN NAA-GL

QUARTER 4 : 01 JUL - 30 SEP FY 90
 PAGE 01

YEAR TO DATE

ACCT CODE	DIRECT EXPENSE	SUPPORT COSTS	ANCIL COSTS	AFTER STPDA	NET PURIF	PURIFIED EXPENSE
----	-----	-----	-----	-----	-----	-----
A	7338024	5011125	7552087	19901236	0	19901236
AA	1820449	1073164	1507250	4400863	485854-	3915009
AAA	70648	378929	1115386	1564963	971223	2536186
AAAAA	70648	378929	1114674	1564251	971223	2535474
AAAAA	0	0	0	0	0	0
AAAAA	0	0	712	712	0	712
AAAAA	0	0	0	0	0	0
AAAAA	0	0	0	0	0	0
AAAAA	0	0	0	0	0	0
AAAAA	0	0	0	0	0	0
AAAAA	0	0	0	0	0	0
AAAAA	0	0	0	0	0	0
AAAF	6004	1756	4303	12063	2764	14827
AAAF A	6004	1756	4303	12063	2764	14827
AAH	29233	68788	319044	417065	915950	1333015
AAHA	25233	68788	319044	417065	915950	1333015
AAJ	5022	4917	8688	18627	12354	30981
AAJA	5022	4917	8688	18627	12354	30981
AAJ	1709542	618774	59829	2386145	2386145-	0
AAJA	894284	373059	34895	1302238	1302238-	0
AAJH	815258	245715	24934	1085907	1085907-	0
AB	582387	481845	2208068	3274300	815125	4087425
ABA	155543	270015	1237305	1666863	578035	2244898
ABAA	155543	270015	1237305	1666863	578035	2244898
ABC	13843	11540	27025	52408	128935	181343
ABCA	13843	11540	27025	52408	128935	181343
ABE	18629	10569	53624	82822	20280	103102
ABEA	18629	10569	53624	82822	20280	103102
ABF	61437	48808	309077	419322	96355	515677
ABFA	61437	48808	309077	419322	96355	515677
ABG	34999	49418	312280	396697	140071	536768
ABGA	34999	49418	312280	396697	140071	536768
ABK	68882	53817	267625	390324	115313	505637
ABKA	68882	53817	267625	390324	115313	505637
ABX	225054	37678	1132	263864	263864-	0
ABXM	225054	37678	1132	263864	263864-	0
AC	1653805	989844	1163737	3807386	566754-	3240632
ACA	77608	95686	417203	590497	200594	791091
ACAA	77608	95686	417203	590497	200594	791091
ACB	132982	357937	639201	1130120	1319421	2449541
ACBA	132982	357937	639201	1130120	1319421	2449541
ACX	1443215	536221	107333	2086769	2086769-	0
ACXA	1443215	536221	107333	2086769	2086769-	0
AD	1394939	767049	587062	2749050	534503-	2214547
ADA	111261	139083	335202	585546	502320	1087866
ADAA	111261	139083	335202	585546	502320	1087866

APPENDIX G (INPATIENT NAS REPORT)

***** IAMPUS AURORA CO 80045 ***** 201

REPORT NO: F5130-C01 023 - MAY - AM FT ORD, CA (UNDUPLICATED) PAGE 2
 DATE: 01 MAR 91 INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE) COLLECTION PERIOD:
 TIME: 07:20:20 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990 15 MONTHS

CATEGORY OF CARE-INTERNAL MEDICINE													
TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES INPATIENT)		ADVERSE REACTIONS		ALLERGY		CARDIOLOGY (VASCULAR DISEASE)		DERMATOLOGY ENDOCRINOLOGY		GASTRO- ENTEROLOGY		HEMATOLOGY	
EMERGENCY MEDICAL TREATMENT													
(NO NAS REQUIRED)													
USER BENEFICIARIES		9		4		7		0		1		3	
ADMISSIONS		2		16		1		0		0		1	
HOSPITAL DAYS		20		4		2		0		16		4	
AVERAGE LENGTH OF STAY		10.00		4.00		2.00		-0.00		2.66		4.00	
AVERAGE DAILY PATIENT LOAD		.05		.04		.00		-0.00		.04		.01	
TOTAL GOVERNMENT COST		6,428		7,417		4,317		285		11,221		3,737	
TOTAL PATIENT COST		7,706		253		38		0		166		643	
TOTAL GOVERNMENT AND PATIENT COST		7,134		7,670		4,355		285		11,387		4,380	
AVERAGE GOVERNMENT COST/ADMISSION		3,214.00		1,854.25		4,317.00		-0.00		1,870.16		3,737.00	
AVERAGE GOVERNMENT COST/DAY		321.40		463.56		2,158.50		-0.00		701.31		934.25	
INPATIENT CARE *													
(NO NAS REQUIRED)													
USER BENEFICIARIES		2		0		2		0		0		3	
ADMISSIONS		0		0		1		0		0		1	
HOSPITAL DAYS		0		-0.00		26		-0.00		0		38	
AVERAGE LENGTH OF STAY		-0.00		-0.00		26.00		-0.00		-0.00		38.00	
AVERAGE DAILY PATIENT LOAD		.00		-0.00		.07		-0.00		-0.00		.10	
TOTAL GOVERNMENT COST		341		0		96,647		0		958		89,263	
TOTAL PATIENT COST		312		0		853		0		1,481		89,263	
TOTAL GOVERNMENT AND PATIENT COST		653		0		97,500		0		2,439		89,263	
AVERAGE GOVERNMENT COST/ADMISSION		-0.00		-0.00		96,647.00		-0.00		-0.00		89,263.00	
AVERAGE GOVERNMENT COST/DAY		-0.00		-0.00		3,717.19		-0.00		-0.00		2,349.02	
INPATIENT CARE **													
(NAS REQUIRED)													
USER BENEFICIARIES		0		4		21		0		4		6	
ADMISSIONS		0		3		6		0		1		3	
HOSPITAL DAYS		0		6		31		0		33		78	
AVERAGE LENGTH OF STAY		-0.00		2.00		5.16		-0.00		5.50		26.00	
AVERAGE DAILY PATIENT LOAD		-0.00		.01		.08		-0.00		.09		.21	
TOTAL GOVERNMENT COST		0		6,828		126,223		5,319		30,139		195,417	
TOTAL PATIENT COST		0		430		5,677		392		1,219		59	
TOTAL GOVERNMENT AND PATIENT COST		0		7,258		131,900		5,711		31,358		195,476	
AVERAGE GOVERNMENT COST/ADMISSION		-0.00		2,276.00		21,037.16		-0.00		5,025.16		65,139.00	
AVERAGE GOVERNMENT COST/DAY		-0.00		1,138.00		4,071.70		-0.00		1,063.80		2,505.34	
GRAND TOTAL													
USER BENEFICIARIES		11		7		27		3		26		8	
ADMISSIONS		2		22		59		5		12		3	
HOSPITAL DAYS		20		3		7		5		49		44	
AVERAGE LENGTH OF STAY		10.00		3.14		7.37		5.00		4.08		14.00	
AVERAGE DAILY PATIENT LOAD		.05		.06		.16		.01		.13		.12	
TOTAL GOVERNMENT COST		6,769		14,245		227,187		5,604		42,318		109,891	
TOTAL PATIENT COST		1,018		683		6,568		392		3,366		702	
TOTAL GOVERNMENT AND PATIENT COST		7,787		14,928		233,755		5,996		45,684		110,593	
AVERAGE GOVERNMENT COST/ADMISSION		3,384.50		2,035.00		28,398.37		-0.00		3,526.50		36,630.33	
AVERAGE GOVERNMENT COST/DAY		338.45		647.50		3,850.62		-0.00		863.63		2,497.52	

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY;
 ** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS1 J-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AM FT ORD, CA (UNDUPLICATED)
IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF ACTIVE DUTY

PAGE 3
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-INTERNAL MEDICINE							
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT							
(NO MAS REQUIRED)							
ADMISSIONS	4	2	9	0	14	0	5
HOSPITAL DAYS	15	2	46	0	17	0	2
AVERAGE LENGTH OF STAY	5.00	2.00	7.66	0.00	2.00	0.00	1.50
AVERAGE DAILY PATIENT LOAD	0.04	0.00	0.12	0.00	0.03	0.00	0.00
TOTAL GOVERNMENT COST	6,336	3,080	39,911	0	16,237	0	3,821
TOTAL PATIENT COST	140	23	1,293	0	205	0	189
TOTAL GOVERNMENT AND PATIENT COST	6,476	3,103	41,204	0	16,442	0	4,010
AVERAGE GOVERNMENT COST/ADMISSION	2,112.00	3,080.00	6,651.83	0.00	2,319.57	0.00	1,910.50
AVERAGE GOVERNMENT COST/DAY	422.40	1,540.00	867.63	0.00	1,159.78	0.00	1,273.66
IMPATIENT CARE *							
(NO MAS REQUIRED)							
ADMISSIONS	0	1	0	0	2	0	26
HOSPITAL DAYS	0	3	0	0	1	0	14
AVERAGE LENGTH OF STAY	0.00	3.00	0.00	0.00	18.00	0.00	150
AVERAGE DAILY PATIENT LOAD	0.00	0.00	0.00	0.00	0.04	0.00	10.71
TOTAL GOVERNMENT COST	0	1,591	0	0	37,025	0	222,709
TOTAL PATIENT COST	0	8,762	0	0	301	0	4,190
TOTAL GOVERNMENT AND PATIENT COST	0	10,353	0	0	37,326	0	226,899
AVERAGE GOVERNMENT COST/ADMISSION	0.00	1,591.00	0.00	0.00	37,025.00	0.00	15,907.78
AVERAGE GOVERNMENT COST/DAY	0.00	530.33	0.00	0.00	2,056.94	0.00	1,484.72
IMPATIENT CARE **							
(MAS REQUIRED)							
ADMISSIONS	4	7	13	2	15	1	119
HOSPITAL DAYS	0	4	56	0	5	1	92
AVERAGE LENGTH OF STAY	0.00	37	11.20	0.00	19	9	482
AVERAGE DAILY PATIENT LOAD	0.00	9.25	0.15	0.00	3.80	9.00	5.23
TOTAL GOVERNMENT COST	4,792	64,098	57,411	205	69,377	4,113	353,363
TOTAL PATIENT COST	1,140	1,252	774	0	308	75	1,796
TOTAL GOVERNMENT AND PATIENT COST	5,932	65,350	58,185	205	69,685	4,188	355,161
AVERAGE GOVERNMENT COST/ADMISSION	0.00	16,024.50	11,482.20	0.00	13,875.40	4,113.00	3,840.92
AVERAGE GOVERNMENT COST/DAY	0.00	1,732.57	1,025.19	0.00	3,651.42	457.00	733.12
GRAND TOTAL							
ADMISSIONS	8	10	20	2	30	1	147
HOSPITAL DAYS	3	6	11	0	13	1	108
AVERAGE LENGTH OF STAY	15	42	102	0.00	51	9	635
AVERAGE DAILY PATIENT LOAD	5.00	7.00	9.27	0.00	3.92	9.00	5.87
TOTAL GOVERNMENT COST	11,128	68,749	97,322	205	122,639	4,113	579,895
TOTAL PATIENT COST	1,280	10,037	2,067	0	814	75	6,175
TOTAL GOVERNMENT AND PATIENT COST	12,408	78,806	99,389	205	123,453	4,188	586,070
AVERAGE GOVERNMENT COST/ADMISSION	3,706.33	11,461.50	8,847.45	0.00	9,433.76	4,113.00	5,369.39
AVERAGE GOVERNMENT COST/DAY	741.86	1,637.35	954.13	0.00	2,404.68	457.00	913.22

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S. :
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE LATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
 DATE: 07 MAR 91
 TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990

DEPENDENTS OF ACTIVE DUTY

CATEGORY OF CARE									

TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS		
EMERGENCY MEDICAL TREATMENT (NO MAS REQUIRED)									
ADMISSIONS	1	33	4	2	2	7	11		0
HOSPITAL DAYS	0	12	6	0	0	10	8		0
AVERAGE LENGTH OF STAY	0	31	3	0	0	67	62		0
AVERAGE DAILY PATIENT LOAD	0	2.58	0.01	0	0	8.37	16		0
TOTAL GOVERNMENT COST	1,315	33,565	5,536	655	52,344	32,136	8,658		99
TOTAL PATIENT COST	0	489	432	0	1,306	688	8,757		0
TOTAL GOVERNMENT AND PATIENT COST	1,315	34,054	5,968	655	53,650	32,824	8,757		0
AVERAGE GOVERNMENT COST/ADMISSION	0	2,793.08	2,748.00	0	6,543.00	3,213.60	0		0
AVERAGE GOVERNMENT COST/DAY	0	1,082.74	922.66	0	781.25	518.32	0		0

IMPATIENT CARE *									
(NO MAS REQUIRED)									
ADMISSIONS	0	70	10	1	1	3	4		2
HOSPITAL DAYS	0	2	0	0	0	2	3		2
AVERAGE LENGTH OF STAY	0	4	0	0	0	88	173		0
AVERAGE DAILY PATIENT LOAD	0	2.00	0	0	0	69.56	86.50		0
TOTAL GOVERNMENT COST	0	0	0	0	0	29.33	57		47
TOTAL PATIENT COST	0	18,417	3,455	1,209	17,942	45,141	278,930		0
TOTAL GOVERNMENT AND PATIENT COST	0	44,773	10,074	3,786	17,942	45,141	278,930		0
AVERAGE GOVERNMENT COST/ADMISSION	0	63,190	13,529	4,995	5,980.56	15,047.00	39,465.00		0
AVERAGE GOVERNMENT COST/DAY	0	9,208.50	0	0	203.88	215.98	1,612.31		0

IMPATIENT CARE **									
(MAS REQUIRED)									
ADMISSIONS	0	150	24	4	26	20	32		13
HOSPITAL DAYS	0	92	19	1	17	15	123		0
AVERAGE LENGTH OF STAY	0	260	70	1	496	302	9.46		0
AVERAGE DAILY PATIENT LOAD	0	2.82	3.68	1.00	29.17	20.13	33		0
TOTAL GOVERNMENT COST	0	71	19	0	1.35	82	269,987		0
TOTAL PATIENT COST	0	298,332	73,029	8,625	228,072	72,872	15,878		0
TOTAL GOVERNMENT AND PATIENT COST	0	10,892	1,009	8,640	230,207	74,609	285,865		0
AVERAGE GOVERNMENT COST/ADMISSION	0	309,224	74,038	8,685	13,416.00	4,858.13	20,768.23		0
AVERAGE GOVERNMENT COST/DAY	0	1,147.43	1,043.27	8,025.00	459.82	241.29	2,195.01		0

GRAND TOTAL									
ADMISSIONS	1	243	38	6	32	33	38		0
HOSPITAL DAYS	0	104	21	1	17	15	123		0
AVERAGE LENGTH OF STAY	0	295	76	1	451	573	296		0
AVERAGE DAILY PATIENT LOAD	0	2.78	3.61	1.00	23.25	20.46	19.73		0
TOTAL GOVERNMENT COST	1,315	350,314	82,020	9,889	298,328	150,149	557,575		0
TOTAL PATIENT COST	0	56,154	11,515	4,426	3,513	2,448	18,553		0
TOTAL GOVERNMENT AND PATIENT COST	1,315	406,468	93,535	14,315	301,871	152,597	576,128		0
AVERAGE GOVERNMENT COST/ADMISSION	0	3,304.84	3,905.71	9,889.00	10,655.64	5,362.46	37,171.66		0
AVERAGE GOVERNMENT COST/DAY	0	1,182.50	1,079.21	9,889.00	459.82	262.01	1,883.69		0

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AH FT ORD, CA (UNDUPLICATED)
IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF ACTIVE DUTY

PAGE 5
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL FOR ALL CATEGORIES	
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO-SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
USER BENEFICIARIES	1	19	5	12	0	3					150
ADMISSIONS	0	6	2	3	0	1					79
HOSPITAL DAYS	0	23	4	34	0	2					367
AVERAGE LENGTH OF STAY	-00	3.83	2.00	6.80	-00	2.00					4.64
AVERAGE DAILY PATIENT LOAD	-00	.06	.01	.09	-00	.00					1.00
TOTAL GOVERNMENT COST	76	45,891	17,178	29,041	0	2,377					331,562
TOTAL PATIENT COST	0	216	626	1,673	0	38					9,223
TOTAL GOVERNMENT AND PATIENT COST	76	46,107	17,804	30,714	0	2,415					340,785
AVERAGE GOVERNMENT COST/ADMISSION	-00	7,648.50	8,589.00	5,808.20	-00	2,377.00					4,196.98
AVERAGE GOVERNMENT COST/DAY	-00	1,995.26	4,294.50	854.14	-00	1,188.50					903.43

IMPATIENT CARE *											
(NO WAS REQUIRED)											
USER BENEFICIARIES	2	10	0	4	0	6					133
ADMISSIONS	1	4	0	0	0	0					31
HOSPITAL DAYS	2	36	0	0	0	0					671
AVERAGE LENGTH OF STAY	2.00	9.00	-00	-00	-00	-00					21.64
AVERAGE DAILY PATIENT LOAD	-00	.09	-00	-00	-00	-00					1.83
TOTAL GOVERNMENT COST	1,537	152,401	0	1,943	0	536					791,519
TOTAL PATIENT COST	31	13,826	0	7,919	0	1,581					100,488
TOTAL GOVERNMENT AND PATIENT COST	1,568	166,227	0	9,862	0	2,117					892,007
AVERAGE GOVERNMENT COST/ADMISSION	1,537.00	38,100.25	-00	9,862.00	-00	2,117.00					25,532.87
AVERAGE GOVERNMENT COST/DAY	768.50	4,233.36	-00	2,443.76	-00	3,756.50					1,179.61

IMPATIENT CARE **											
(WAS REQUIRED)											
USER BENEFICIARIES	5	29	7	11	1	11					408
ADMISSIONS	3	13	6	5	2	2					314
HOSPITAL DAYS	1	84	47	17	11	4					2,174
AVERAGE LENGTH OF STAY	1.00	6.46	7.83	3.40	5.50	2.00					6.92
AVERAGE DAILY PATIENT LOAD	-00	.23	.12	.04	.03	.01					5.95
TOTAL GOVERNMENT COST	15,047	169,198	60,815	44,944	18,646	15,026					2,191,280
TOTAL PATIENT COST	1,650	1,207	763	7,525	90	391					57,611
TOTAL GOVERNMENT AND PATIENT COST	16,697	170,405	61,578	52,469	18,736	15,417					2,248,891
AVERAGE GOVERNMENT COST/ADMISSION	5,015.66	13,015.23	10,135.83	8,988.80	9,325.00	7,515.00					6,976.59
AVERAGE GOVERNMENT COST/DAY	5,015.66	2,014.26	1,293.93	2,643.76	1,695.09	3,756.50					1,007.94

GRAND TOTAL											
USER BENEFICIARIES	8	55	10	26	1	20					637
ADMISSIONS	4	23	8	10	2	3					424
HOSPITAL DAYS	5	143	51	51	11	6					3,212
AVERAGE LENGTH OF STAY	1.25	6.31	6.37	5.13	5.50	2.00					5.57
AVERAGE DAILY PATIENT LOAD	-01	.39	.13	.13	.03	.01					5.80
TOTAL GOVERNMENT COST	16,660	367,490	77,993	75,928	18,646	17,939					3,314,361
TOTAL PATIENT COST	1,681	15,249	1,389	17,117	90	2,010					167,322
TOTAL GOVERNMENT AND PATIENT COST	18,341	382,739	79,382	93,045	18,736	19,949					3,481,683
AVERAGE GOVERNMENT COST/ADMISSION	4,165.00	15,977.82	9,746.12	7,592.80	9,325.00	5,976.66					7,816.88
AVERAGE GOVERNMENT COST/DAY	3,332.00	2,569.86	1,529.27	1,488.78	1,695.09	2,989.83					1,031.86

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001 023 - HAYS AH FT ORD, CA (UNDUPLICATED) PAGE 1
 DATE: 01 MAR 91 INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE) COLLECTION PERIOD:
 TIME: 07:20:20 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990 15 MONTHS

		CATEGORY OF CARE-INTERNAL MEDICINE											
		ADVERSE REACTIONS		ALLERGY		CARDIOLOGY (VASCULAR DISEASE)		DERMATOLOGY		GASTRO-ENTEROLOGY		HEMATOLOGY	
TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)													
EMERGENCY MEDICAL TREATMENT													
(NO WAS REQUIRED)													
USER BENEFICIARIES													
ADMISSIONS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
INPATIENT CARE *													
(NO WAS REQUIRED)													
USER BENEFICIARIES													
ADMISSIONS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
INPATIENT CARE **													
(NO WAS REQUIRED)													
USER BENEFICIARIES													
ADMISSIONS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													
GRAND TOTAL													
USER BENEFICIARIES													
ADMISSIONS													
HOSPITAL DAYS													
AVERAGE LENGTH OF STAY													
AVERAGE DAILY PATIENT LOAD													
TOTAL GOVERNMENT COST													
TOTAL PATIENT COST													
TOTAL GOVERNMENT AND PATIENT COST													
AVERAGE GOVERNMENT COST/ADMISSION													
AVERAGE GOVERNMENT COST/DAY													

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE									

TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES, IMPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY		PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS	
					GROUP 1				
EMERGENCY MEDICAL TREATMENT									
(NO HAS REQUIRED)									
USER BENEFICIARIES	0	0	0	0	5	1		0	0
ADMISSIONS	0	0	0	0	5	1		0	0
HOSPITAL DAYS	0	0	0	0	26	2		0	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	-0.00	-0.00	5.20	2.00		-0.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	0.07	0.00		-0.00	-0.00
TOTAL GOVERNMENT COST	0	0	0	0	27,486	3,628		0	0
TOTAL PATIENT COST	0	0	0	0	5,287	470		0	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	0	32,773	4,098		0	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	-0.00	-0.00	5,497.20	3,628.00		-0.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	-0.00	-0.00	1,057.15	1,814.00		-0.00	-0.00
IMPATIENT CARE *									
(NO HAS REQUIRED)									
USER BENEFICIARIES	0	0	0	2	0	0		0	0
ADMISSIONS	0	0	0	0	0	0		0	0
HOSPITAL DAYS	0	0	0	0	0	0		0	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00		-0.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00		-0.00	-0.00
TOTAL GOVERNMENT COST	0	0	0	543	0	0		0	0
TOTAL PATIENT COST	0	0	0	1,164	0	0		0	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	1,707	0	0		0	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00		-0.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00		-0.00	-0.00
IMPATIENT CARE **									
(HAS REQUIRED)									
USER BENEFICIARIES	0	0	0	0	5	5		0	0
ADMISSIONS	0	0	0	0	4	1		0	0
HOSPITAL DAYS	0	0	0	0	33	28		0	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	-0.00	-0.00	8.25	28.00		-0.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	0.09	0.07		-0.00	-0.00
TOTAL GOVERNMENT COST	0	0	0	0	15,360	2,943		0	0
TOTAL PATIENT COST	0	0	0	0	4,363	3,435		0	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	0	19,723	6,378		0	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	-0.00	-0.00	3,840.00	2,943.00		-0.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	-0.00	-0.00	465.45	105.10		-0.00	-0.00
GRAND TOTAL									
USER BENEFICIARIES	0	0	0	2	10	6		0	0
ADMISSIONS	0	0	0	0	9	2		0	0
HOSPITAL DAYS	0	0	0	0	59	30		0	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	-0.00	-0.00	6.55	15.00		-0.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	0.16	0.08		-0.00	-0.00
TOTAL GOVERNMENT COST	0	0	0	543	42,846	6,571		0	0
TOTAL PATIENT COST	0	0	0	1,164	9,650	3,905		0	0
TOTAL GOVERNMENT AND PATIENT COST	0	0	0	1,707	52,496	10,476		0	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	-0.00	-0.00	4,760.66	3,285.50		-0.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	-0.00	-0.00	726.20	219.03		-0.00	-0.00

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20

023 - HAYS AM FT ORD, CA
(UNDUPLICATED)
IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
RETIREES

PAGE 4
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO- SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY					FOR ALL CATEGORIES
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
USER BENEFICIARIES	0	6	4	4	2	2					49
ADMISSIONS	0	40	13	3	0	4					39
HOSPITAL DAYS	0	10.00	4.33	3.00	0.00	2.00					197
AVERAGE LENGTH OF STAY	0.00										5.05
AVERAGE DAILY PATIENT LOAD	0.00										53
TOTAL PATIENT COST	0	28,291	6,654	6,104	218	7,049					168,641
TOTAL GOVERNMENT COST	0	11,731	3,093	3,086	275	1,559					64,757
TOTAL GOVERNMENT AND PATIENT COST	0	40,022	9,747	9,190	293	8,608					233,398
AVERAGE GOVERNMENT COST/ADMISSION	0.00	7,072.75	2,218.00	6,104.00	0.00	3,524.50					4,324.12
AVERAGE GOVERNMENT COST/DAY	0.00	707.27	511.84	2,034.66	0.00	1,762.25					856.04
IMPATIENT CARE *											
(NO WAS REQUIRED)											
USER BENEFICIARIES	0	13	6	4	1	7					59
ADMISSIONS	0	3	1	1	0	0					11
HOSPITAL DAYS	0	5	2	2	0	0					27
AVERAGE LENGTH OF STAY	0.00	1.66	0.00	2.00	0.00	0.00					2.45
AVERAGE DAILY PATIENT LOAD	0.00										07
TOTAL PATIENT COST	0	5,778	1,499	700	241	3,006					35,104
TOTAL GOVERNMENT COST	0	13,053	15,008	4,782	454	9,863					123,128
TOTAL GOVERNMENT AND PATIENT COST	0	18,831	16,507	5,482	695	12,869					158,232
AVERAGE GOVERNMENT COST/ADMISSION	0.00	1,926.00	1,499.00	700.00	0.00	1,391.27					3,191.27
AVERAGE GOVERNMENT COST/DAY	0.00	1,155.60	749.50	350.00	0.00	1,300.14					1,300.14
IMPATIENT CARE **											
(NWS REQUIRED)											
USER BENEFICIARIES	1	6	3	2	1	1					26
ADMISSIONS	0	4	2	1	1	1					21
HOSPITAL DAYS	0	18	17	5	7	4					178
AVERAGE LENGTH OF STAY	0.00	4.50	8.50	5.00	7.00	4.00					8.47
AVERAGE DAILY PATIENT LOAD	0.00										48
TOTAL PATIENT COST	221	17,041	28,200	9,449	9,919	3,733					133,248
TOTAL GOVERNMENT COST	275	5,874	11,226	1,540	1,851	1,663					52,240
TOTAL GOVERNMENT AND PATIENT COST	496	22,915	39,426	10,989	11,770	5,396					185,488
AVERAGE GOVERNMENT COST/ADMISSION	0.00	4,266.25	14,100.00	9,449.00	9,919.00	3,733.00					6,345.14
AVERAGE GOVERNMENT COST/DAY	0.00	946.72	1,658.82	1,889.80	1,417.00	933.25					748.58
GRAND TOTAL											
USER BENEFICIARIES	1	23	13	9	4	10					122
ADMISSIONS	0	11	6	3	1	3					71
HOSPITAL DAYS	0	63	32	10	7	8					402
AVERAGE LENGTH OF STAY	0.00	5.72	5.33	3.33	7.00	2.66					5.66
AVERAGE DAILY PATIENT LOAD	0.00										1.10
TOTAL PATIENT COST	221	51,110	36,353	16,253	10,378	13,788					336,993
TOTAL GOVERNMENT COST	275	30,658	29,327	9,408	2,380	13,085					240,125
TOTAL GOVERNMENT AND PATIENT COST	496	81,768	65,680	25,661	12,758	26,873					577,118
AVERAGE GOVERNMENT COST/ADMISSION	0.00	4,646.36	6,058.83	5,417.66	10,378.00	4,596.00					4,746.38
AVERAGE GOVERNMENT COST/DAY	0.00	811.26	1,136.03	1,625.30	1,482.57	1,723.50					838.29

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S. :
CARE COVERED BY OTHER HEALTH INSURANCE, CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL INPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO- ENTEROLOGY	HEMATOLOGY		
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)	6	2	21	2	0	5	0		
USER BENEFICIARIES	4	7	23	0	0	4	0		
HOSPITAL DAYS	1.50	3.50	68	0	0	18	0		
AVERAGE LENGTH OF STAY	0.01	0.01	2.95	0.00	0.00	4.50	0.00		
AVERAGE DAILY PATIENT LOAD	6.902	3.843	79.733	316	0	19.373	0		
TOTAL PATIENT COST	2,726	1,886	19,920	105	0	4,580	0		
TOTAL GOVERNMENT COST	9,438	5,729	99,653	421	0	23,953	0		
TOTAL GOVERNMENT AND PATIENT COST	1,725.50	1,921.50	3,466.65	0.00	0.00	4,833.25	0.00		
AVERAGE GOVERNMENT COST/ADMISSION	1,150.33	549.00	1,172.54	0.00	0.00	1,076.27	0.00		
AVERAGE GOVERNMENT COST/DAY									
IMPATIENT CARE *									
(NO WAS REQUIRED)	1	2	9	1	2	4	1		
USER BENEFICIARIES	0	0	1	0	0	2	1		
HOSPITAL DAYS	0.00	0.00	41	0.00	0.00	4	4		
AVERAGE LENGTH OF STAY	0.00	0.00	41.00	0.00	0.00	2.00	0.00		
AVERAGE DAILY PATIENT LOAD	39	40	11	64	124	0.01	4.00		
TOTAL PATIENT COST	154	159	37,679	21	536	1,808	666		
TOTAL GOVERNMENT COST	193	199	12,090	85	660	5,810	2,355		
TOTAL GOVERNMENT AND PATIENT COST	0.00	0.00	99,769	21	0.00	7,618	3,021		
AVERAGE GOVERNMENT COST/ADMISSION	0.00	0.00	87,679.00	0.00	0.00	904.00	666.00		
AVERAGE GOVERNMENT COST/DAY			2,138.51	0.00	0.00	452.00	165.50		
IMPATIENT CARE **									
(NO WAS REQUIRED)	0	1	13	3	1	4	3		
USER BENEFICIARIES	0	0	9	1	0	1	3		
HOSPITAL DAYS	0.00	0.00	29	1.00	0.00	6	67		
AVERAGE LENGTH OF STAY	0.00	0.00	3.22	1.00	0.00	6.00	22.33		
AVERAGE DAILY PATIENT LOAD	0	232	0.07	3,829	21	0.01	18		
TOTAL PATIENT COST	0	309	85,552	815	27	8,667	73,558		
TOTAL GOVERNMENT COST	0	0	9,995	4,644	28	11,819	9,713		
TOTAL GOVERNMENT AND PATIENT COST	0.00	0.00	9,557	3,829.00	0.00	8,667.00	83,271		
AVERAGE GOVERNMENT COST/ADMISSION	0.00	0.00	9,505.77	3,829.00	0.00	8,667.00	24,519.53		
AVERAGE GOVERNMENT COST/DAY			2,950.06	3,829.00	0.00	1,444.50	1,097.88		
GRAND TOTAL									
USER BENEFICIARIES	7	5	37	5	3	11	4		
HOSPITAL DAYS	4	2	138	1	0	28	4		
AVERAGE LENGTH OF STAY	1.50	3.50	4.18	1.00	0.00	4.00	17.75		
AVERAGE DAILY PATIENT LOAD	0.01	0.01	37	4.209	0.00	0.07	74.224		
TOTAL PATIENT COST	6,941	4,115	252,964	941	145	29,848	12,068		
TOTAL GOVERNMENT COST	2,880	2,122	42,005	5150	543	13,542	86,292		
TOTAL GOVERNMENT AND PATIENT COST	9,821	6,237	294,969	4,209.00	688	43,390	18,556.00		
AVERAGE GOVERNMENT COST/ADMISSION	1,735.25	2,057.50	7,665.57	4,209.00	0.00	4,264.00	1,045.40		
AVERAGE GOVERNMENT COST/DAY	1,156.83	587.85	1,833.07	4,209.00	0.00	1,066.00	1,045.40		

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 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY;
 ** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE-INTERNAL MEDICINE							
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	INFECTIOUS DISEASE	NEPHROLOG	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
EMERGENCY MEDICAL TREATMENT							
(NO WAS REQUIRED)	0	1	6	1	20	0	2
USER BENEFICIARIES	0	0	3	0	10	0	0
ADMISSIONS	0	0	10	0	41	0	0
HOSPITAL DAYS	-00	-00	3.33	-00	4.10	-00	-00
AVERAGE LENGTH OF STAY	-00	-00	-02	-00	1.11	-00	-00
AVERAGE DAILY PATIENT LOAD	-00	973	15,118	1,256	64,673	0	364
TOTAL PATIENT COST	0	324	11,338	328	13,179	0	154
TOTAL GOVERNMENT COST	0	1,297	26,456	1,584	77,852	0	518
TOTAL GOVERNMENT AND PATIENT COST	-00	-00	5,039.33	-00	6,467.30	-00	-00
AVERAGE GOVERNMENT COST/ADMISSION	-00	-00	1,511.80	-00	1,577.39	-00	-00
AVERAGE GOVERNMENT COST/DAY	-00	-00	-00	-00	-00	-00	-00
IMPATIENT CARE *							
(NO WAS REQUIRED)	0	0	5	0	7	3	6
USER BENEFICIARIES	0	0	0	0	3	0	1
ADMISSIONS	0	0	0	0	11	0	2
HOSPITAL DAYS	-00	-00	-00	-00	3.66	-00	-00
AVERAGE LENGTH OF STAY	-00	-00	-00	-00	0.03	-00	-00
AVERAGE DAILY PATIENT LOAD	-00	-00	-00	-00	0.06	-00	-00
TOTAL PATIENT COST	0	0	1,525	0	5,811	566	1,772
TOTAL GOVERNMENT COST	0	0	5,284	0	14,575	5,204	3,839
TOTAL GOVERNMENT AND PATIENT COST	0	0	6,809	0	20,386	5,770	5,611
AVERAGE GOVERNMENT COST/ADMISSION	-00	-00	-00	-00	1,937.00	-00	1,772.00
AVERAGE GOVERNMENT COST/DAY	-00	-00	-00	-00	528.27	-00	886.00
IMPATIENT CARE **							
(WAS REQUIRED)	1	2	0	0	10	4	6
USER BENEFICIARIES	0	1	0	0	5	3	2
ADMISSIONS	0	6	0	0	25	36	3
HOSPITAL DAYS	-00	6.00	-00	-00	5.00	9.09	1.50
AVERAGE LENGTH OF STAY	-00	-01	-00	-00	-06	-09	-00
AVERAGE DAILY PATIENT LOAD	579	3,875	0	0	16,769	27,779	1,241
TOTAL PATIENT COST	0	1,715	0	0	15,041	16,061	220
TOTAL GOVERNMENT COST	579	5,590	0	0	22,188	43,840	1,461
TOTAL GOVERNMENT AND PATIENT COST	-00	3,875.00	-00	-00	3,555.80	6,944.75	620.50
AVERAGE GOVERNMENT COST/ADMISSION	-00	645.83	-00	-00	670.76	771.63	413.66
AVERAGE GOVERNMENT COST/DAY	-00	-00	-00	-00	-00	-00	-00
GRAND TOTAL							
USER BENEFICIARIES	1	3	10	1	35	7	14
ADMISSIONS	0	1	3	0	18	4	3
HOSPITAL DAYS	-00	6.00	3.33	-00	77	36	5
AVERAGE LENGTH OF STAY	-00	-01	-02	-00	4.27	9.09	1.66
AVERAGE DAILY PATIENT LOAD	579	4,848	16,643	1,256	87,253	28,345	3,377
TOTAL PATIENT COST	0	2,039	16,622	328	33,173	21,265	4,213
TOTAL GOVERNMENT COST	579	6,887	33,265	1,584	120,426	49,610	7,590
TOTAL GOVERNMENT AND PATIENT COST	-00	4,848.00	5,547.66	-00	4,847.38	7,086.25	1,125.66
AVERAGE GOVERNMENT COST/ADMISSION	-00	308.00	1,664.30	-00	1,133.15	787.36	675.40
AVERAGE GOVERNMENT COST/DAY	-00	-00	-00	-00	-00	-00	-00

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 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE							
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
EMERGENCY MEDICAL TREATMENT							
(NO MAS REQUIRED)							
USER BENEFICIARIES	0	2	2	0	5	2	0
ADMISSIONS	0	0	0	0	6	1	0
HOSPITAL DAYS	0	0	0	0	46	1	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	-0.00	-0.00	7.66	1.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	698	903	-0.00	12	-0.00	-0.00
TOTAL GOVERNMENT COST	0	233	627	0	25,036	2,171	0
TOTAL PATIENT COST	0	931	1,530	0	6,779	386	0
TOTAL GOVERNMENT AND PATIENT COST	0	1,164	2,157	0	31,815	2,557	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	-0.00	-0.00	4,172.66	2,171.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	-0.00	-0.00	544.26	2,171.00	-0.00
IMPATIENT CARE *							
(NO MAS REQUIRED)							
USER BENEFICIARIES	0	6	9	2	4	3	0
ADMISSIONS	0	0	1	0	2	1	0
HOSPITAL DAYS	0	0	3	0	172	160	0
AVERAGE LENGTH OF STAY	-0.00	-0.00	3.00	-0.00	86.00	160.00	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	47	43	-0.00
TOTAL GOVERNMENT COST	0	1,595	4,141	1,015	52,675	46,423	0
TOTAL PATIENT COST	0	3,336	14,333	4,062	11,609	10,212	0
TOTAL GOVERNMENT AND PATIENT COST	0	4,931	18,474	5,077	64,284	56,635	0
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	-0.00	4,141.00	-0.00	26,337.50	46,423.00	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	-0.00	1,380.33	-0.00	306.25	290.14	-0.00
IMPATIENT CARE **							
(MAS REQUIRED)							
USER BENEFICIARIES	0	12	3	2	9	3	1
ADMISSIONS	0	6	3	4	7	2	0
HOSPITAL DAYS	0	12	21	2.00	168	41	0
AVERAGE LENGTH OF STAY	-0.00	2.00	7.00	2.00	24.00	20.50	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	03	05	01	46	11	-0.00
TOTAL GOVERNMENT COST	0	16,033	16,395	7,969	72,136	19,241	2,536
TOTAL PATIENT COST	0	5,930	8,806	2,827	18,687	6,294	394
TOTAL GOVERNMENT AND PATIENT COST	0	21,963	25,201	10,796	90,823	25,535	2,930
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	2,672.16	5,465.00	3,984.50	10,305.14	9,620.50	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	1,336.08	780.71	1,992.25	429.38	469.29	-0.00
GRAND TOTAL							
USER BENEFICIARIES	0	18	14	4	18	8	1
ADMISSIONS	0	6	4	2	15	4	0
HOSPITAL DAYS	0	12	24	4	386	202	0
AVERAGE LENGTH OF STAY	-0.00	2.00	6.00	2.00	25.73	50.50	-0.00
AVERAGE DAILY PATIENT LOAD	-0.00	03	06	01	1.05	55	-0.00
TOTAL GOVERNMENT COST	0	18,326	21,439	8,984	149,847	67,835	2,536
TOTAL PATIENT COST	0	9,499	23,766	6,889	37,075	16,592	394
TOTAL GOVERNMENT AND PATIENT COST	0	27,825	45,205	15,873	186,922	84,427	2,930
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	3,054.33	5,356.75	4,992.00	9,989.80	16,958.75	-0.00
AVERAGE GOVERNMENT COST/DAY	-0.00	1,527.16	893.29	2,246.00	388.20	335.81	-0.00

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 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
DATE: 01 MAR 91
TIME: 07:20:20
023 - HAYS AM FT ORD, CA (UNDUPLICATED)
IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIPCODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
DEPENDENTS OF RETIRED OR DECEASED
PAGE 4
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY												GRAND TOTAL FOR ALL CATEGORIES
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)												
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)												
USER BENEFICIARIES												
ADMISSIONS												
HOSPITAL DAYS												
AVERAGE LENGTH OF STAY												
AVERAGE DAILY PATIENT LOAD												
TOTAL GOVERNMENT COST												
TOTAL PATIENT COST												
TOTAL GOVERNMENT AND PATIENT COST												
TOTAL GOVERNMENT COST/ADMISSION												
AVERAGE GOVERNMENT COST/DAY												
1	8	4	1	0	0	0	0	0	0	0	68	
2	3	4	0	0	0	0	0	0	0	0	65	
2.00	26	44	0	0	0	0	0	0	0	0	331	
1.337	9.35	11.00	0	0	0	0	0	0	0	0	5.09	
1.337	24.300	78.790	12	0	0	0	0	0	0	0	372.471	
1.874	10.728	14.877	15	0	0	0	0	0	0	0	109.145	
1.337	35.028	93.667	12	0	0	0	0	0	0	0	481.616	
1.337	8.100	19.697	11	0	0	0	0	0	0	0	5.730.32	
668.50	867.65	1,790.68	752.38	0	0	0	0	0	0	0	1,125.29	
IMPATIENT CARE *												
(NO WAS REQUIRED)												
USER BENEFICIARIES												
ADMISSIONS												
HOSPITAL DAYS												
AVERAGE LENGTH OF STAY												
AVERAGE DAILY PATIENT LOAD												
TOTAL GOVERNMENT COST												
TOTAL PATIENT COST												
TOTAL GOVERNMENT AND PATIENT COST												
TOTAL GOVERNMENT COST/ADMISSION												
AVERAGE GOVERNMENT COST/DAY												
0	16	3	4	7	0	0	0	0	0	0	83	
0	6	0	1	0	0	0	0	0	0	0	19	
0	12	0	6	0	0	0	0	0	0	0	415	
0	2.00	0	0	0	0	0	0	0	0	0	21.84	
0	0.03	0	0	0	0	0	0	0	0	0	1.13	
0	11.501	2,426	2,346	1,170	0	0	0	0	0	0	226.153	
0	15.503	7,470	1,133	6,882	0	0	0	0	0	0	137.573	
0	27.004	9,896	3,479	8,052	0	0	0	0	0	0	363.726	
0	1,916.83	0	2,346.00	0	0	0	0	0	0	0	11,902.78	
0	958.41	0	391.00	0	0	0	0	0	0	0	544.94	
IMPATIENT CARE **												
(NO WAS REQUIRED)												
USER BENEFICIARIES												
ADMISSIONS												
HOSPITAL DAYS												
AVERAGE LENGTH OF STAY												
AVERAGE DAILY PATIENT LOAD												
TOTAL GOVERNMENT COST												
TOTAL PATIENT COST												
TOTAL GOVERNMENT AND PATIENT COST												
TOTAL GOVERNMENT COST/ADMISSION												
AVERAGE GOVERNMENT COST/DAY												
2	10	4	2	3	0	0	0	0	0	0	68	
0	4	0	1	0	0	0	0	0	0	0	62	
0	22	37	3	17	0	0	0	0	0	0	515	
0	3.14	9.25	0.66	5.66	0	0	0	0	0	0	8.30	
0	0.06	10	0.04	0.04	0	0	0	0	0	0	1.41	
908	35,398	19,919	2,349	5,639	0	0	0	0	0	0	436.523	
303	5,885	5,732	2,783	165	0	0	0	0	0	0	117.263	
1,211	21,783	25,651	3,132	5,804	0	0	0	0	0	0	553.786	
0	2,271.14	6,339.66	2,346.00	5,639.00	0	0	0	0	0	0	7,040.69	
0	722.63	1,171.70	783.00	331.70	0	0	0	0	0	0	847.61	
GRAND TOTAL												
USER BENEFICIARIES												
ADMISSIONS												
HOSPITAL DAYS												
AVERAGE LENGTH OF STAY												
AVERAGE DAILY PATIENT LOAD												
TOTAL GOVERNMENT COST												
TOTAL PATIENT COST												
TOTAL GOVERNMENT AND PATIENT COST												
TOTAL GOVERNMENT COST/ADMISSION												
AVERAGE GOVERNMENT COST/DAY												
3	31	10	7	10	0	0	0	0	0	0	198	
1	16	8	2	2	0	0	0	0	0	0	146	
2	62	81	9	17	0	0	0	0	0	0	1,261	
2.00	3.87	10.12	4.50	4.50	0	0	0	0	0	0	8.63	
2,245	51,699	116,614	67,829	6,237	0	0	0	0	0	0	1,035.147	
840	32,116	36,630	2,430	2,430	0	0	0	0	0	0	363.981	
3,085	83,815	153,244	106,491	8,567	0	0	0	0	0	0	1,399.128	
2,245.00	3,231.18	14,576.75	9,686.85	3,118.50	0	0	0	0	0	0	7,090.04	
1,122.50	833.85	1,439.67	620.89	693.00	0	0	0	0	0	0	820.89	

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** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.
NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	CATEGORY OF CARE-INTERNAL MEDICINE						
	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO- ENTEROLOGY	HEMATOLOGY
EMERGENCY MEDICAL TREATMENT (NO MAS REQUIRED)	15	6	45	2	2	18	3
USER BENEFICIARIES	6	33	106	0	0	12	1
ADMISSIONS	26	23	106	0	0	42	4
HOSPITAL DAYS	4.33	3.83	3.21	.00	.00	3.50	4.00
AVERAGE LENGTH OF STAY							
AVERAGE DAILY PATIENT LOAD							
TOTAL PATIENT COST	13,330	11,260	130,592	316	457	35,662	3,737
TOTAL GOVERNMENT COST	3,432	2,139	36,515	105	57	6,815	643
TOTAL PATIENT AND PATIENT COST	16,762	13,399	167,107	421	514	42,477	4,380
AVERAGE GOVERNMENT COST/ADMISSION	2,221.66	1,876.66	3,957.33	0.00	0.00	2,971.83	3,737.00
AVERAGE GOVERNMENT COST/DAY	512.69	489.56	1,232.00	0.00	0.00	849.09	934.25

IMPATIENT CARE *						
(NO MAS REQUIRED)						
USER BENEFICIARIES	3	2	35	1	3	3
ADMISSIONS	0	0	80	0	0	0
HOSPITAL DAYS	0	0	11.42	0.00	0.00	2
AVERAGE LENGTH OF STAY	0.00	0.00	21	0.00	2.00	34
AVERAGE DAILY PATIENT LOAD						
TOTAL PATIENT COST	386	40	200,769	64	164	88,588
TOTAL GOVERNMENT COST	846	159	22,234	21	819	2,467
TOTAL PATIENT AND PATIENT COST	1,232	259	223,003	85	983	91,055
AVERAGE GOVERNMENT COST/ADMISSION	0.00	0.00	28,881.28	0.00	1,553.00	86,121
AVERAGE GOVERNMENT COST/DAY	0.00	0.00	2,509.61	0.00	776.50	2,605.52

IMPATIENT CARE **						
(MAS REQUIRED)						
USER BENEFICIARIES	0	5	42	3	5	10
ADMISSIONS	0	3	19	1	1	7
HOSPITAL DAYS	0	6	68	1	3	152
AVERAGE LENGTH OF STAY	0.00	2.00	3.57	1.00	5.00	21.71
AVERAGE DAILY PATIENT LOAD						
TOTAL PATIENT COST	0	7,060	234,253	3,829	5,340	270,376
TOTAL GOVERNMENT COST	0	507	19,881	815	399	11,410
TOTAL PATIENT AND PATIENT COST	0	7,567	254,134	4,644	5,739	281,786
AVERAGE GOVERNMENT COST/ADMISSION	0.00	2,355.33	12,336.10	3,829.00	5,652.28	36,625.14
AVERAGE GOVERNMENT COST/DAY	0.00	1,176.66	3,444.89	1,068.00	1,014.51	1,778.78

GRAND TOTAL						
USER BENEFICIARIES	18	12	109	5	10	14
ADMISSIONS	6	9	59	1	1	43
HOSPITAL DAYS	26	29	254	1	5	21
AVERAGE LENGTH OF STAY	4.33	3.22	4.30	1.00	5.00	15.25
AVERAGE DAILY PATIENT LOAD						
TOTAL PATIENT COST	13,710	18,360	565,614	4,209	5,941	185,525
TOTAL GOVERNMENT COST	3,898	2,805	126,630	941	1,275	20,130
TOTAL PATIENT AND PATIENT COST	17,608	21,165	692,244	5,150	7,216	205,655
AVERAGE GOVERNMENT COST/ADMISSION	2,285.00	2,040.00	9,286.67	4,209.00	5,961.19	23,190.62
AVERAGE GOVERNMENT COST/DAY	527.30	633.10	2,226.82	1,192.20	921.57	1,520.69

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 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, IDENTENTIAL TREATMENT CENTER; CARE BY A
 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.
 ** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT, MHSS MEDICAL TREATMENT FACILITY.
 NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

CATEGORY OF CARE-INTERNAL MEDICINE									
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER		
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)									
USERS BENEFICIARIES	4	3	20	2	54	0	10		
ADMISSIONS	3	1	10	0	27	0	3		
HOSPITAL DAYS	15	2	60	0	103	0	16		
AVERAGE LENGTH OF STAY	5.00	2.00	6.00	-0.00	3.81	-0.00	5.33		
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00	-0.00		
TOTAL GOVERNMENT COST	6,336	4,053	58,410	1,397	114,005	0	4,997		
TOTAL PATIENT COST	347	14,197	72,607	375	29,402	0	3,485		
TOTAL GOVERNMENT AND PATIENT COST	6,476	4,400	72,607	1,772	143,407	0	8,482		
AVERAGE GOVERNMENT COST/ADMISSION	2,112.00	4,053.00	5,841.00	-0.00	4,222.40	-0.00	1,603.66		
AVERAGE GOVERNMENT COST/DAY	422.40	2,026.50	973.50	-0.00	1,106.84	-0.00	312.31		
IMPATIENT CARE *									
USERS BENEFICIARIES	0	2	7	0	21	6	32		
ADMISSIONS	0	1	0	0	5	0	15		
HOSPITAL DAYS	0	3	0	0	34	0	152		
AVERAGE LENGTH OF STAY	-0.00	3.00	-0.00	-0.00	6.80	-0.00	10.13		
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	-0.09	-0.00	-0.41		
TOTAL GOVERNMENT COST	0	1,641	4,224	0	46,124	1,032	224,481		
TOTAL PATIENT COST	0	8,972	10,409	0	25,571	7,139	8,029		
TOTAL GOVERNMENT AND PATIENT COST	0	10,613	14,635	0	71,695	8,171	232,510		
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	1,641.00	-0.00	-0.00	9,224.40	-0.00	14,965.40		
AVERAGE GOVERNMENT COST/DAY	-0.00	547.00	-0.00	-0.00	1,356.58	-0.00	1,416.84		
IMPATIENT CARE **									
USERS BENEFICIARIES	6	9	14	2	29	6	124		
ADMISSIONS	0	6	5	0	11	45	94		
HOSPITAL DAYS	0	60	56	0	78	9	485		
AVERAGE LENGTH OF STAY	-0.00	10.00	11.20	-0.00	7.09	9.00	5.35		
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	-0.21	-0.12	-1.32		
TOTAL GOVERNMENT COST	5,772	71,174	57,539	205	103,484	32,567	354,606		
TOTAL PATIENT COST	1,516	7,897	838	0	15,955	16,704	2,016		
TOTAL GOVERNMENT AND PATIENT COST	7,288	79,071	58,377	205	119,439	49,271	356,622		
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	11,862.33	11,505.80	-0.00	9,403.63	6,513.40	3,772.40		
AVERAGE GOVERNMENT COST/DAY	-0.00	1,186.23	1,027.48	-0.00	1,326.71	723.71	731.14		
GRAND TOTAL									
USERS BENEFICIARIES	10	14	37	4	98	12	163		
ADMISSIONS	3	8	15	0	43	5	112		
HOSPITAL DAYS	15	65	116	0	215	45	653		
AVERAGE LENGTH OF STAY	5.00	8.17	7.73	-0.00	5.00	9.00	5.83		
AVERAGE DAILY PATIENT LOAD	-0.00	-0.00	-0.00	-0.00	-0.12	-0.12	-1.78		
TOTAL GOVERNMENT COST	12,108	76,868	120,175	1,602	263,613	33,599	584,084		
TOTAL PATIENT COST	1,656	17,216	25,444	375	70,928	23,843	13,530		
TOTAL GOVERNMENT AND PATIENT COST	13,764	94,084	145,619	1,977	334,541	57,442	597,614		
AVERAGE GOVERNMENT COST/ADMISSION	-0.00	9,608.50	8,011.66	-0.00	6,130.53	6,716.80	5,215.03		
AVERAGE GOVERNMENT COST/DAY	-0.00	1,182.58	1,035.99	-0.00	1,226.10	746.64	894.46		

* THE FOLLOWING CARE DOES NOT REQUIRE AM M.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE
 CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY; CARE IN AN ALCOHOLIC TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
 DATE: 01 MAR 91
 TIME: 07:20:20

023 - MAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON CA
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
 TOTAL ALL CATEGORIES OF BENEFICIARIES

PAGE 3
 COLLECTION PERIOD:
 15 MONTHS

CATEGORY OF CARE							
TOTAL IMPATIENT CARE							
(HOSPITAL AND PROFESSIONAL SERVICES IMPAT. ENT)	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
EMERGENCY MEDICAL TREATMENT							
(WHO WAS REQUIRED)	1	35	6	2	17	14	8
USERS BENEFICIARIES	0	12	2	0	19	12	0
HOSPITAL DAYS	0	31	6	0	139	65	0
AVERAGE LENGTH OF STAY	-00	2.58	3.00	-00	7.31	5.41	-00
AVERAGE DAILY PATIENT LOAD	-00	0.00	0.00	-00	0.38	0.17	-00
TOTAL GOVERNMENT COST	1,315	34,263	6,439	655	104,866	37,935	8,658
TOTAL PATIENT COST	0	34,722	1,059	0	13,372	1,544	99
TOTAL GOVERNMENT AND PATIENT COST	1,315	34,985	7,498	655	118,238	39,479	8,757
AVERAGE GOVERNMENT COST/ADMISSION	-00	2,855.25	3,219.50	-00	5,519.26	3,161.25	-00
AVERAGE GOVERNMENT COST/DAY	-00	1,105.25	1,073.16	-00	754.43	583.61	-00
IMPATIENT CARE *							
(WHO WAS REQUIRED)	0	75	19	5	6	4	4
USERS BENEFICIARIES	0	2	1	0	5	2	2
HOSPITAL DAYS	0	4	3	0	260	369	173
AVERAGE LENGTH OF STAY	-00	2.00	3.00	-00	52.00	92.25	86.50
AVERAGE DAILY PATIENT LOAD	-00	0.00	0.00	-00	0.71	1.01	-00
TOTAL GOVERNMENT COST	0	20,012	7,596	2,767	70,617	91,564	278,930
TOTAL PATIENT COST	0	48,109	24,407	9,012	11,609	10,235	2,576
TOTAL GOVERNMENT AND PATIENT COST	0	68,121	32,003	11,779	82,226	101,799	281,506
AVERAGE GOVERNMENT COST/ADMISSION	-00	10,006.00	7,596.00	-00	14,123.40	22,891.00	39,465.00
AVERAGE GOVERNMENT COST/DAY	-00	5,003.00	2,532.00	-00	271.60	248.14	1,612.31
IMPATIENT CARE **							
(WHO WAS REQUIRED)	0	162	27	6	39	28	33
USERS BENEFICIARIES	0	98	22	3	28	18	13
HOSPITAL DAYS	0	277	91	5	697	371	123
AVERAGE LENGTH OF STAY	-00	2.77	4.13	1.66	24.89	20.61	9.46
AVERAGE DAILY PATIENT LOAD	-00	0.74	0.24	0.01	1.90	1.01	-00
TOTAL GOVERNMENT COST	0	314,365	89,424	15,994	335,568	95,056	272,523
TOTAL PATIENT COST	0	16,822	9,815	3,467	25,257	11,466	16,272
TOTAL GOVERNMENT AND PATIENT COST	0	331,187	99,239	19,461	340,825	106,522	288,795
AVERAGE GOVERNMENT COST/ADMISSION	-00	3,207.80	4,064.72	5,331.33	11,270.28	5,280.88	20,965.30
AVERAGE GOVERNMENT COST/DAY	-00	1,155.75	982.68	3,198.80	452.75	256.21	2,215.63
GRAND TOTAL							
USERS BENEFICIARIES	1	260	52	12	59	47	39
HOSPITAL DAYS	0	112	125	5	32	34	15
AVERAGE LENGTH OF STAY	-00	307	100	1.66	1,096	805	296
AVERAGE DAILY PATIENT LOAD	-00	2.74	4.00	0.01	21.07	23.67	19.73
TOTAL GOVERNMENT COST	1,315	369,640	103,459	19,416	491,051	224,555	560,111
TOTAL PATIENT COST	0	65,653	35,281	12,479	50,238	23,245	18,947
TOTAL GOVERNMENT AND PATIENT COST	1,315	434,293	138,740	31,895	541,289	247,800	579,058
AVERAGE GOVERNMENT COST/ADMISSION	-00	3,291.42	4,136.36	6,475.00	9,445.28	6,004.55	37,340.73
AVERAGE GOVERNMENT COST/DAY	-00	1,200.78	1,034.59	3,885.20	448.03	278.95	1,892.26

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:

CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: F3130-001
DATE: 01 MAR 91
TIME: 07:20:20
023 - HAYS AM FT ORD, CA
INPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990
TOTAL ALL CATEGORIES OF BENEFICIARIES
PAGE 4
COLLECTION PERIOD:
15 MONTHS

CATEGORY OF CARE-SURGERY OR CARE RELATED TO SURGERY										GRAND TOTAL	
TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)										FOR ALL CATEGORIES	
										UROLOGY	
										THORACIC SURGERY	
										ORTHOPEDICS	
										NEURO-SURGERY	
										GENERAL SURGERY	
										EAR, NOSE AND THROAT	
EMERGENCY MEDICAL TREATMENT (NO WAS REQUIRED)											
USER BENEFICIARIES											
ADMISSIONS											
HOSPITAL DAYS											
AVERAGE LENGTH OF STAY											
AVERAGE DAILY PATIENT LOAD											
TOTAL GOVERNMENT COST											
TOTAL PATIENT COST											
TOTAL GOVERNMENT AND PATIENT COST											
AVERAGE GOVERNMENT COST/ADMISSION											
AVERAGE GOVERNMENT COST/DAY											
IMPATIENT CARE *											
(NO WAS REQUIRED)											
USER BENEFICIARIES											
ADMISSIONS											
HOSPITAL DAYS											
AVERAGE LENGTH OF STAY											
AVERAGE DAILY PATIENT LOAD											
TOTAL GOVERNMENT COST											
TOTAL PATIENT COST											
TOTAL GOVERNMENT AND PATIENT COST											
AVERAGE GOVERNMENT COST/ADMISSION											
AVERAGE GOVERNMENT COST/DAY											
IMPATIENT CARE **											
(NO WAS REQUIRED)											
USER BENEFICIARIES											
ADMISSIONS											
HOSPITAL DAYS											
AVERAGE LENGTH OF STAY											
AVERAGE DAILY PATIENT LOAD											
TOTAL GOVERNMENT COST											
TOTAL PATIENT COST											
TOTAL GOVERNMENT AND PATIENT COST											
AVERAGE GOVERNMENT COST/ADMISSION											
AVERAGE GOVERNMENT COST/DAY											
GRAND TOTAL											
USER BENEFICIARIES											
ADMISSIONS											
HOSPITAL DAYS											
AVERAGE LENGTH OF STAY											
AVERAGE DAILY PATIENT LOAD											
TOTAL GOVERNMENT COST											
TOTAL PATIENT COST											
TOTAL GOVERNMENT AND PATIENT COST											
AVERAGE GOVERNMENT COST/ADMISSION											
AVERAGE GOVERNMENT COST/DAY											

* THE FOLLOWING CARE DOES NOT REQUIRE AN M.A.S.:
CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN INPATIENT MHSS MEDICAL TREATMENT FACILITY;
CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN INPATIENT MHSS MEDICAL TREATMENT FACILITY.
NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

REPORT NO: FS130-001
 DATE: 01 MAR 91
 TIME: 07:20:20

033 - HAYS AM FT ORD, CA (UNDUPLICATED)
 IMPATIENT REPORT (BASED ON BENEFICIARY RESIDENCE ZIP CODE)
 FOR CARE RECEIVED FROM OCT, 1989 THRU SEP, 1990

COLLECTION PERIOD:
 15 MONTHS

PAGE 1

TOTAL IMPATIENT CARE (HOSPITAL AND PROFESSIONAL SERVICES IMPATIENT)	DEPENDENTS OF ACTIVE DUTY	RETIREES	GRAND TOTAL - ALL HOSPITAL DEPARTMENTS DEPENDENTS OF RETIRED OR DECEASED	TOTAL ALL CATEGORIES OF BENEFICIARIES
EMERGENCY MEDICAL TREATMENT (MO WAS REQUIRED)				
USER BENEFICIARIES	150	49	68	266
ADMISSIONS	179	39	65	183
HOSPITAL DAYS	367	197	331	895
AVERAGE LENGTH OF STAY	4.64	5.05	5.09	4.89
AVERAGE DAILY PATIENT LOAD	1.00	5.33	9.90	2.45
TOTAL GOVERNMENT COST	331,562	168,641	372,471	872,674
TOTAL PATIENT COST	9,223	64,757	109,145	183,125
TOTAL GOVERNMENT AND PATIENT COST	340,785	233,398	481,616	1,055,799
AVERAGE GOVERNMENT COST/ADMISSION	4,196.98	4,324.12	5,730.32	4,768.71
AVERAGE GOVERNMENT COST/DAY	903.43	856.04	1,125.29	975.05

IMPATIENT CARE *				
(MO WAS REQUIRED)				
USER BENEFICIARIES	133	59	83	274
ADMISSIONS	31	11	19	61
HOSPITAL DAYS	671	27	415	1,113
AVERAGE LENGTH OF STAY	21.64	2.45	21.84	18.24
AVERAGE DAILY PATIENT LOAD	1.83	.07	1.13	3.04
TOTAL GOVERNMENT COST	791,519	35,104	226,153	1,052,776
TOTAL PATIENT COST	100,488	123,128	137,573	361,189
TOTAL GOVERNMENT AND PATIENT COST	892,007	158,232	363,726	1,413,965
AVERAGE GOVERNMENT COST/ADMISSION	25,532.87	3,191.27	11,902.78	17,258.62
AVERAGE GOVERNMENT COST/DAY	1,179.61	1,300.14	544.94	945.69

IMPATIENT CARE **				
(MO WAS REQUIRED)				
USER BENEFICIARIES	408	26	68	497
ADMISSIONS	314	21	62	397
HOSPITAL DAYS	2,174	178	515	2,867
AVERAGE LENGTH OF STAY	6.92	8.47	8.30	7.22
AVERAGE DAILY PATIENT LOAD	5.95	48	1.41	7.65
TOTAL GOVERNMENT COST	2,191,280	133,248	436,523	2,761,051
TOTAL PATIENT COST	57,611	52,240	117,263	227,114
TOTAL GOVERNMENT AND PATIENT COST	2,248,891	185,488	553,786	2,988,165
AVERAGE GOVERNMENT COST/ADMISSION	6,978.59	6,345.14	7,040.69	6,954.78
AVERAGE GOVERNMENT COST/DAY	1,007.94	748.58	847.61	963.04

GRAND TOTAL				
USER BENEFICIARIES	637	122	198	950
ADMISSIONS	424	71	146	641
HOSPITAL DAYS	3,212	402	1,261	4,875
AVERAGE LENGTH OF STAY	7.57	5.66	8.63	7.60
AVERAGE DAILY PATIENT LOAD	8.80	1.10	3.45	13.35
TOTAL GOVERNMENT COST	3,318,361	336,993	1,035,147	4,686,501
TOTAL PATIENT COST	167,322	240,125	163,981	771,428
TOTAL GOVERNMENT AND PATIENT COST	3,481,683	577,118	1,199,128	5,457,929
AVERAGE GOVERNMENT COST/ADMISSION	7,816.88	4,746.58	7,090.04	7,311.23
AVERAGE GOVERNMENT COST/DAY	1,031.86	838.29	820.89	961.33

* THE FOLLOWING CARE DOES NOT REQUIRE AN N.A.S.:
 CARE COVERED BY OTHER HEALTH INSURANCE; CARE IN A COLLEGE INFIRMARY, NURSING FACILITY, RESIDENTIAL TREATMENT CENTER; CARE BY A CIVILIAN DOCTOR IN AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

** CARE FOR BENEFICIARIES RESIDING WITHIN THE CATCHMENT AREA OF AN IMPATIENT MHSS MEDICAL TREATMENT FACILITY.

APPENDIX H (HEALTH CARE SUMMARY)

007 (OHRJ6Q1
TE: 29 JAN 1991
ME: 16:20:07
78,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
023 - HAYS AH FT ORD, CA

PAGE 1
COLLECTION PERIOD: 15 MONTHS

UNDUPLICATED

CATEGORY OF CARE - INTERNAL MEDICINE									
	ADVERSE REACTIONS	ALLERGY	CARDIOLOGY (VASCULAR DISEASE)	DERMATOLOGY	ENDOCRINOLOGY	GASTRO-ENTEROLOGY	HEMATOLOGY		
INPATIENT HOSPITAL SERVICES									
BENEFICIARIES	6	8	47	1	1	19			
NT OF ACT DUTY SPONSOR	2	6	7	0	1	10			
FREE	0	0	18	0	0	7			
NT OF RET OR DEC SPONSOR	4	2	22	1	0	21			
HOSPITAL ADMISSIONS	6	9	59	1	5	85			
TOTAL DAYS	26	29	254	1	5	14			
AGE LENGTH OF STAY (DAYS)	4.33	3.22	4.31	1.00	5.00	4.05			
AGE DAILY PATIENT LOAD	0.07	0.08	0.70	0.00	0.01	0.23			
GOVERNMENT COST	10,023	15,097	458,790	2,924	3,063	57,276			
PATIENT COST	2,471	1,870	52,961	125	42	11,457			
GOVT AND PATIENT COST	12,554	16,967	511,751	3,049	3,105	68,733			
GOVT COST PER ADMISSION	1,680.50	1,677.44	7,776.10	2,924.00	3,063.00	2,727.43			
GOVT COST PER DAY	587.81	520.59	1,806.26	2,924.00	612.60	673.84			
INPATIENT PROFESSIONAL SERVICES									
BENEFICIARIES	14	11	94	5	10	34			
NT OF ACT DUTY SPONSOR	10	6	25	0	5	22			
FREE	0	0	39	0	2	6			
NT OF RET OR DEC SPONSOR	4	5	30	5	3	7			
R OF VISITS	22	36	380	9	19	120			
R OF NON-VISIT SERVICES	24	14	565	6	28	150			
GOVERNMENT COST	3,627	3,263	106,825	1,285	2,697	21,059			
PATIENT COST	1,426	935	75,669	817	1,233	8,693			
GOVT AND PATIENT COST	5,053	4,198	182,494	2,102	4,130	29,752			
TOTAL INPATIENT SERVICES									
BENEFICIARIES	18	12	109	5	10	43			
NT OF ACT DUTY SPONSOR	11	7	27	0	5	26			
FREE	0	0	45	0	2	7			
NT OF RET OR DEC SPONSOR	7	5	37	5	3	11			
GOVERNMENT COST	13,710	18,359	565,614	4,209	5,960	78,334			
PATIENT COST	3,898	2,806	128,630	942	1,275	20,150			
GOVT AND PATIENT COST	17,608	21,165	694,244	5,151	7,235	98,484			
GOVT COST PER ADMISSION	2,285.00	2,039.89	9,586.68	4,209.00	5,960.00	3,730.19			
GOVT COST PER DAY	527.31	633.07	2,226.83	4,209.00	1,192.00	921.58			
OUTPATIENT PROFESSIONAL SERVICES									
BENEFICIARIES	642	444	1,026	1,662	407	1,016			
NT OF ACT DUTY SPONSOR	517	273	284	1,109	118	655			
FREE	29	39	36	162	96	107			
NT OF RET OR DEC SPONSOR	57	133	407	394	194	255			
R OF VISITS	692	1,370	1,968	1,987	830	1,179			
R OF NON-VISIT SERVICES	588	1,411	2,891	2,251	852	1,539			
GOVERNMENT COST	78,476	53,388	207,614	140,780	56,889	182,793			
PATIENT COST	20,550	25,280	139,683	54,391	44,829	65,459			
GOVT AND PATIENT COST	99,026	78,669	347,297	195,171	101,718	248,257			
GOVT COST PER VISIT	113.40	38.97	105.49	70.85	68.54	155.04			
INPATIENT CARE COST SHARED AS INPATIENT									
BENEFICIARIES	0	0	0	0	0	0			
NT OF ACT DUTY SPONSOR	0	0	0	0	0	0			
FREE	0	0	0	0	0	0			
NT OF RET OR DEC SPONSOR	0	0	0	0	0	0			
GOVERNMENT COST	0	0	0	0	0	0			
PATIENT COST	0	0	0	0	0	0			
GOVT AND PATIENT COST	0	0	0	0	0	0			
TOTAL INPATIENT AND OUTPATIENT CARE									
BENEFICIARIES	650	445	1,061	1,664	413	1,039			
NT OF ACT DUTY SPONSOR	523	274	295	1,108	122	670			
FREE	29	39	37	162	97	108			
NT OF RET OR DEC SPONSOR	99	133	420	396	195	263			
GOVERNMENT COST	92,185	71,747	773,228	144,988	62,849	261,132			
PATIENT COST	24,448	28,085	268,314	55,333	46,104	85,589			
GOVT AND PATIENT COST	116,633	99,832	1,041,542	200,321	108,953	346,721			

REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

HR085-007 (OHRJ6Q)
 RUN DATE: 29 JAN 1991
 RUN TIME: 16:20:07
 MODE: 7B,BENE ZIP

CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AH FT ORD, CA

COLLECTION PERIOD: 1

UNDU

***** CATEGORY OF CARE - INTERNAL MEDICINE *****

	INFECTIOUS DISEASE	NEPHROLOGY	NEUROLOGY	NUTRITIONAL	PULMONARY/ RESPIRATORY	RHEUMATOLOGY	OTHER
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	3	8	15	0	43	4	
DEPT OF ACT DUTY SPONSOR	3	6	11	0	13	1	
RETIREE	0	1	1	0	12	0	
DEPT OF RET OR DEC SPONSOR	0	1	3	0	18	3	
TOTAL HOSPITAL ADMISSIONS	3	8	15	0	43	5	
HOSPITAL DAYS	15	65	116	0	215	45	
AVERAGE LENGTH OF STAY (DAYS)	5.00	8.13	7.73	0.00	5.00	9.00	
AVERAGE DAILY PATIENT LOAD	0.04	0.18	0.32	0.00	0.59	0.12	
TOTAL GOVERNMENT COST	5,989	63,969	73,587	0	215,378	23,005	
TOTAL PATIENT COST	140	13,138	4,144	0	49,308	8,535	
TOTAL GOVT AND PATIENT COST	6,129	77,107	77,731	0	264,686	31,540	
AVG GOVT COST PER ADMISSION	1,996.33	7,996.13	4,995.60	0.00	5,008.73	4,601.00	
AVG GOVT COST PER DAY	399.27	984.14	634.37	0.00	1,001.76	511.22	
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	8	12	30	4	81	11	
DEPT OF ACT DUTY SPONSOR	6	7	14	2	24	0	
RETIREE	1	2	7	1	29	4	
DEPT OF RET OR DEC SPONSOR	1	3	9	1	28	7	
NUMBER OF VISITS	56	75	117	3	387	4	
NUMBER OF NON-VISIT SERVICES	3	50	178	2	408	106	
TOTAL GOVERNMENT COST	6,119	12,899	46,588	1,601	48,235	10,593	
TOTAL PATIENT COST	1,516	4,078	21,300	375	21,621	15,308	
TOTAL GOVT AND PATIENT COST	7,635	16,977	67,888	1,976	69,856	25,901	
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	10	14	37	4	98	12	
DEPT OF ACT DUTY SPONSOR	8	10	20	2	30	1	
RETIREE	1	2	7	1	30	4	
DEPT OF RET OR DEC SPONSOR	1	3	10	1	35	7	
TOTAL GOVERNMENT COST	12,103	76,868	120,175	1,601	263,613	33,599	
TOTAL PATIENT COST	1,656	17,216	25,444	475	70,929	23,843	
TOTAL GOVT AND PATIENT COST	13,764	94,084	145,619	1,976	334,542	57,442	
AVG GOVT COST PER ADMISSION	4,036.00	9,608.50	8,011.67	0.00	6,130.53	6,719.80	
AVG GOVT COST PER DAY	807.20	1,182.58	1,035.99	0.00	1,226.11	746.64	
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	864	53	660	28	1,859	298	
DEPT OF ACT DUTY SPONSOR	716	32	380	21	1,118	61	
RETIREE	35	9	88	2	252	94	
DEPT OF RET OR DEC SPONSOR	113	13	195	5	491	144	
NUMBER OF VISITS	1,014	213	1,343	33	2,410	949	
NUMBER OF NON-VISIT SERVICES	736	294	1,403	27	15,649	870	
TOTAL GOVERNMENT COST	76,533	26,020	149,237	1,885	221,545	58,925	
TOTAL PATIENT COST	26,223	11,151	52,815	576	87,446	32,864	
TOTAL GOVT AND PATIENT COST	102,756	37,171	202,052	2,461	308,991	91,789	
AVG GOVT COST PER VISIT	75.48	122.16	111.12	57.12	91.93	62.09	
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	
DEPT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
RETIREE	0	0	0	0	0	0	
DEPT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
TOTAL GOVERNMENT COST	0	0	0	0	0	0	
TOTAL PATIENT COST	0	0	0	0	0	0	
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	872	59	671	31	1,897	304	
DEPT OF ACT DUTY SPONSOR	723	37	387	22	1,136	62	
RETIREE	35	10	90	3	262	96	
DEPT OF RET OR DEC SPONSOR	114	13	197	6	501	147	
TOTAL GOVERNMENT COST	88,640	102,888	269,412	3,486	485,158	92,524	
TOTAL PATIENT COST	27,879	28,367	78,259	951	158,375	56,708	
TOTAL GOVT AND PATIENT COST	116,519	131,255	347,671	4,437	643,533	149,232	

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

U007 (OHRJ6Q)
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CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AH FT ORD, CA

COLLECTION PERIOD 15 MAR 1991

UNDUPLICATION

***** CATEGORY OF CARE *****

PATIENT HOSPITAL SERVICES	DENTAL	OBSTETRICS	GYNECOLOGY	OPHTHALMOLOGY	PSYCHIATRY GROUP 1	PSYCHIATRY GROUP 2	SPECIAL PEDIATRICS
BENEFICIARIES	0	106	25	3	47	34	1
NT OF ACT DUTY SPONSOR	0	100	21	0	26	28	0
FREE	0	0	0	0	0	0	0
NT OF RET OR DEC SPONSOR	0	6	4	2	14	4	0
HOSPITAL ADMISSIONS	0	112	25	5	52	34	0
TAL DAYS	0	307	100	5	1,096	805	0
GE LENGTH OF STAY (DAYS)	0.00	2.74	4.00	1.67	21.08	23.68	19.7
GE DAILY PATIENT LOAD	0.00	0.84	0.27	0.01	3.00	2.21	0.1
GOVERNMENT COST	0	208,435	71,831	8,420	462,841	216,406	470,000
PATIENT COST	0	8,997	6,280	375	45,226	22,125	3,400
GOVT AND PATIENT COST	0	217,432	78,111	8,795	508,067	238,531	460,100
GOVT COST PER ADMISSION	0.00	1,861.03	2,873.24	2,806.67	8,900.79	6,364.88	31,778.0
GOVT COST PER DAY	0.00	678.94	718.31	1,684.00	422.30	268.83	1,610.0
PATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	1	240	48	11	37	29	1
NT OF ACT DUTY SPONSOR	1	224	35	6	22	19	0
FREE	0	0	0	0	0	0	0
NT OF RET OR DEC SPONSOR	0	0	13	3	6	5	0
R OF VISITS	1	119	21	10	373	129	14
R OF NON-VISIT SERVICES	1	1,456	282	66	6	6	0
GOVERNMENT COST	1,315	160,171	31,627	10,997	28,210	8,149	85,400
PATIENT COST	0	56,655	29,002	12,104	5,014	1,120	15,500
GOVT AND PATIENT COST	1,315	216,826	60,629	23,101	33,224	9,269	98,600
TOTAL INPATIENT SERVICES							
BENEFICIARIES	1	259	52	12	59	47	1
NT OF ACT DUTY SPONSOR	1	242	38	6	32	33	0
FREE	0	0	0	0	10	6	0
NT OF RET OR DEC SPONSOR	0	18	14	4	18	8	0
GOVERNMENT COST	1,315	368,605	103,459	19,417	491,051	224,555	500,100
PATIENT COST	0	65,652	35,282	12,479	50,239	23,245	18,400
GOVT AND PATIENT COST	1,315	434,257	138,741	31,896	541,290	247,800	519,000
GOVT COST PER ADMISSION	0.00	3,291.12	4,138.36	6,472.33	9,445.29	6,604.50	37,300.0
GOVT COST PER DAY	0.00	1,200.67	1,034.59	3,883.40	448.04	278.45	1,892.0
OUTPATIENT PROFESSIONAL SERVICES							
BENEFICIARIES	128	214	1,162	926	678	498	1
NT OF ACT DUTY SPONSOR	111	207	802	521	440	350	0
FREE	4	0	3	151	57	44	0
NT OF RET OR DEC SPONSOR	13	8	358	255	185	99	0
R OF VISITS	141	126	1,576	1,393	4,567	3,604	41
R OF NON-VISIT SERVICES	54	417	3,027	443	368	230	3,900
GOVERNMENT COST	12,555	121,000	252,346	148,158	297,513	226,044	18,900
PATIENT COST	4,309	19,626	91,016	79,853	96,049	68,235	20,500
GOVT AND PATIENT COST	16,864	140,626	343,362	228,011	393,562	294,279	207,400
GOVT COST PER VISIT	89.04	960.32	160.12	106.36	65.14	62.72	455.0
TOTAL INPATIENT CARE COST SHARED AS INPATIENT							
BENEFICIARIES	0	2	0	0	0	0	0
NT OF ACT DUTY SPONSOR	0	2	0	0	0	0	0
FREE	0	0	0	0	0	0	0
NT OF RET OR DEC SPONSOR	0	0	0	0	0	0	0
GOVERNMENT COST	0	35	0	0	0	0	0
PATIENT COST	0	0	0	0	0	0	0
GOVT AND PATIENT COST	0	35	0	0	0	0	0
TOTAL INPATIENT AND OUTPATIENT CARE							
BENEFICIARIES	128	378	1,183	930	710	528	1
NT OF ACT DUTY SPONSOR	111	359	818	524	457	375	0
FREE	4	0	3	151	64	48	0
NT OF RET OR DEC SPONSOR	13	21	363	256	184	100	0
GOVERNMENT COST	13,870	489,640	355,804	167,255	788,564	450,599	600,000
PATIENT COST	4,309	52,278	126,298	79,853	148,289	91,481	39,000
GOVT AND PATIENT COST	18,179	522,918	482,102	259,907	936,853	542,080	639,000

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CHAMPUS HEALTH CARE SUMMARY BY PRIMARY DIAGNOSIS
 BASED ON CARE RECEIVED FROM OCT 1989 THRU SEP 1990
 023 - HAYS AH FT ORD, CA

COLLECTION PERIOD: 15

UNDUP
 GRAND
 FOR A
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***** CATEGORY OF CARE - SURGERY *****

	EAR, NOSE AND THROAT	GENERAL SURGERY	NEURO- SURGERY	ORTHOPEDICS	THORACIC SURGERY	UROLOGY	
I INPATIENT HOSPITAL SERVICES							
USER BENEFICIARIES	4	46	21	19	4	7	
DEPT OF ACT DUTY SPONSOR	3	21	8	10	1	3	
RETIREE	0	10	6	3	1	1	
DEPT OF RET OR DEC SPONSOR	1	15	7	7	2	3	
TOTAL HOSPITAL ADMISSIONS	5	50	22	20	5	7	
HOSPITAL DAYS	7	268	164	138	27	31	
AVERAGE LENGTH OF STAY (DAYS)	1.40	5.36	7.45	6.90	5.40	4.43	
AVERAGE DAILY PATIENT LOAD	0.02	0.73	0.45	0.38	0.07	0.08	
TOTAL GOVERNMENT COST	9,319	406,389	167,760	83,038	26,053	19,620	3.8
TOTAL PATIENT COST	545	38,877	31,583	19,587	2,944	1,897	3
TOTAL GOVT AND PATIENT COST	9,864	445,266	199,343	102,625	28,997	21,517	4.1
AVG GOVT COST PER ADMISSION	1,893.80	8,927.78	7,625.42	4,151.90	5,210.60	2,802.86	5
AVG GOVT COST PER DAY	1,331.29	1,516.38	1,022.93	601.72	964.93	632.90	
II INPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	11	87	28	51	11	38	
DEPT OF ACT DUTY SPONSOR	7	45	10	23	4	18	
RETIREE	1	21	9	9	1	10	
DEPT OF RET OR DEC SPONSOR	3	22	9	19	6	10	
NUMBER OF VISITS	20	183	122	89	37	43	
NUMBER OF NON-VISIT SERVICES	41	624	384	439	27	178	
TOTAL GOVERNMENT COST	9,807	63,910	63,200	76,973	9,208	18,917	8
TOTAL PATIENT COST	2,250	39,146	35,763	45,600	1,957	20,246	4
TOTAL GOVT AND PATIENT COST	12,057	103,056	98,963	122,573	11,165	39,163	1.2
III TOTAL INPATIENT SERVICES							
USER BENEFICIARIES	12	108	33	54	12	40	
DEPT OF ACT DUTY SPONSOR	8	55	10	24	5	20	
RETIREE	1	23	9	9	1	10	
DEPT OF RET OR DEC SPONSOR	3	51	10	20	7	10	
TOTAL GOVERNMENT COST	19,176	470,239	230,960	160,011	35,261	38,537	4.6
TOTAL PATIENT COST	2,795	78,023	67,346	65,187	4,901	22,143	7
TOTAL GOVT AND PATIENT COST	21,921	548,322	298,306	225,198	40,162	60,680	5.4
AVG GOVT COST PER ADMISSION	3,825.20	9,405.98	10,498.18	8,000.55	7,052.20	5,505.29	7
AVG GOVT COST PER DAY	2,732.29	1,754.85	1,408.29	1,159.50	1,305.96	1,243.13	
IV OUTPATIENT PROFESSIONAL SERVICES							
USER BENEFICIARIES	3,043	1,963	160	2,144	24	1,228	
DEPT OF ACT DUTY SPONSOR	2,531	1,274	58	1,222	4	865	
RETIREE	144	188	38	280	9	110	
DEPT OF RET OR DEC SPONSOR	372	502	64	643	11	253	
NUMBER OF VISITS	5,532	2,233	896	5,736	100	1,516	
NUMBER OF NON-VISIT SERVICES	1,740	2,531	4,763	3,672	169	2,197	
TOTAL GOVERNMENT COST	344,239	355,487	210,020	504,504	16,709	355,526	4.5
TOTAL PATIENT COST	73,556	139,954	49,387	223,335	19,553	98,203	1.6
TOTAL GOVT AND PATIENT COST	417,795	495,441	259,407	727,839	36,262	453,729	6.2
AVG GOVT COST PER VISIT	61.67	150.40	234.40	87.04	167.09	234.52	
V OUTPATIENT CARE COST SHARED AS INPATIENT							
USER BENEFICIARIES	0	0	0	0	0	0	
DEPT OF ACT DUTY SPONSOR	0	0	0	0	0	0	
RETIREE	0	0	0	0	0	0	
DEPT OF RET OR DEC SPONSOR	0	0	0	0	0	0	
TOTAL GOVERNMENT COST	0	0	0	0	0	0	
TOTAL PATIENT COST	0	0	0	0	0	0	
TOTAL GOVT AND PATIENT COST	0	0	0	0	0	0	
VI TOTAL INPATIENT AND OUTPATIENT CARE							
USER BENEFICIARIES	3,050	2,016	171	2,157	27	1,241	
DEPT OF ACT DUTY SPONSOR	2,534	1,305	61	1,231	4	873	
RETIREE	145	198	45	283	11	113	
DEPT OF RET OR DEC SPONSOR	375	514	65	645	12	256	
TOTAL GOVERNMENT COST	363,355	825,786	440,980	664,445	51,970	394,063	9.2
TOTAL PATIENT COST	76,351	217,978	116,733	288,532	24,454	120,346	2.4
TOTAL GOVT AND PATIENT COST	439,706	1,043,764	557,713	952,977	76,424	514,409	11.6

NOTE: REFER TO PAGE 1 (SPECIFICATIONS PAGE) OF THIS REPORT FOR CLARIFICATION OF THE DATA WHICH APPEARS ON THIS REPORT.

APPENDIX I

SUMMARY OF COSTS/WORKLOAD

	<u>Total Exp</u>	<u>OBD's</u>	<u>Cost Per OBD's</u>	<u>Total Admiss.</u>	<u>Cost Per Admiss.</u>	<u>ALOS</u>
MEPRS	2449541	4844	505.69	1628	1504.63	3.0
CHAMPUS	314365	272	1155.75	98	3207.80	2.77

APPENDIX J

INPATIENT SPECIALTY FORT ORD ARMY HOSPITAL, FY 1990

UCA CODE	DESCRIPTION
AAAA	INTERNAL MEDICINE
AABA	CARDIOLOGY
AAFA	GASTROENTEROLOGY
AAHA	INTENSIVE CARE MICU
AAJA	NEUROLOGY
ABAA	GENERAL SURGERY
ABCA	INTENSIVE CARE SICU
ABEA	OPHTHALMOLOGY
ABFA	ORAL SURGERY
ABGA	OTORHINOLARYNGOLOGY
ABKA	UROLOGY
ACAA	GYNECOLOGY
ACBA	OBSTETRICS
ADAA	PEDIATRICS
ADBA	NURSERY
AEAA	ORTHOPEDICS
AEBA	PODIATRY
AFAA	PSYCHIATRY

APPENDIX K (GLOSSARY)

1. MTF - Military Treatment Facility
(same as Military Hospital)
2. DoD - Department of Defense
3. ALOS - Average Length of Stay
4. FY - Fiscal Year
5. OBD - Occupied Bed Day
6. NAS - Non Availability Statement
7. CHAMPUS - Civilian Health and Medical Program of the
Uniformed Services
8. DEERS - Defense Eligibility and Enrollment Reporting
System
9. MEPRS - Medical Expense and Performance Reporting System

LIST OF REFERENCES

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